MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

TAGO	NAME OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	UE	KHILICA	IE OF DEAT	П.	3473 E T	1723	UG .		
1. PLACE OF DEAT a. COUNTY		3 1/2		2. USUAL RESIDE		A b. COU	NTY			
h OLDY OR TO	WASHINGTON		MARYLANO		IARYLA			SHIN		
write RURAL	VN (If outside corporate Ilm Land give nearest town) RSTOWN	its, c. LENGT	TH OF STAY IN 1				rite RURAL	and give	nearesi	t town)
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	SPITAL OR INSTITUTION (IF	Par.	ve street addres				138	0.	IS RESI	OENCE ARM?
	ON COUNTY HOS	PITAL	12	931 SALEN	AVEN	UE		YES		ND 🚺
3. NAME DF DECEASED (Type or print)	First ELLA		Middle CEDES	ABBOTT	4. DAT			Oay	Year	66
5. SEX	L C COLOR OR RECE!		R MARRIEO	8. OATE OF BIRTH	90	9. AGE (In years				
FEMALE	WHITE W	DOWEO X	DIVORCEO [JUNE 15, 1	1886	last birthday) 80 yrs.			Hours	Min.
auring most of worl	TION (Give kind of work done king life, even if retired)	INDUSTRY	SINESS OR	11. BIRTHPLACE (County & St	ate, or foreign countr		TIZEN DE	WHAT	
RETIRED RE	GISTERED NURSI	5		PAGE CO.				U.S.	A.	
				14. MOTHER'S MA						
	DWARD CLATTERI				INA CO			WARD :		
(Yes, no, or unkown)	EVER IN U.S. ARMED FORCES (If yes give war or dates of service)	ce)		. INFORMANT		HAGERSTO			ND	
NO			-8862- D	MRS. MAUDE	SHRETI	RON 931	SALEM			
	DEATH (Enter only one cause							INTERV	AL BET	EATH
PART I. U	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Sept	icemia					12	hrs.	
Conditions, If		Carcinoma	of Ceci	מינג				1;	yr.	
gave rise to cause (a), s	Immediate (
underlying cau										
PART II. OTHER 20a. ACCIDENT DR CONTRIBUT (IF EITHER, NO	SIGNIFICANT CONDITIONS <u>C</u> I	DATRIBUTING TO O	EATH BUT NOT RE	LATEO TO THE TERMINA	LOISEASEC	ONOITION GIVEN IN	PART 1(a)	19. W	AS AUT	TOPSY VIED?
20a. ACCIDENT DR CONTRIBUT (IF EITHER, NO	WAS UNCERLYING [] ING [] CAUSE OF DEATH ITIFY MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OC	CURREO. (Enter nature	of Injury In	Part or Part 11	of Item 18.)			
	INJURY Month, Oay, Year	20d. INJURY OCC	URRED 20e. P	ACE OF INJURY (Home,	farm, 20f	. (City or town)	(Cour	nty)	(SI	tate)
Hour a,	m. m. 19	While Not W	Mile -	tory, street, office bldg.,	, etc.,					
21. I certi	fy that (I) (this hospital)	attended the de	ceased from_		12:00	Noon 2	9_, 1966	_, that	(I) (w	e) last
saw the de	Ceased dire bil	17	66 and th	at death occurred at		from the causes	and on th			above.
228. SIGNATO	Eddon B. 1	Mordy	standle N	O. PHYS.	MEO. DIRECTOR	STAFF DHYS.		30/19		
22c. PHYSICI. NAME (T	(Amr.)	OODY M.D.	10	22d. ADDRESS 145 S.	DONGDI	ECT ST. H	AGERST			
23a RIBIAI CREI	MATION, 23b. DATE THERE		ME OF CEMETE	RY OR CREMATORY		LOCATION (City, t			(Sta	ate)
BURIAL (So	1/2/1967			EL CEMETERY		AGE CO.	VIRGI		(316	110/
24. FUNERAL DIR			ORESS	1 25a B	EC'D BY RE	GISTRAR L 25b.			URE	
CHARLES	M. ROUZER HA	GERSTOWN.	MARYI.AT	9	AN 9	1967	Mary	and de	0	100
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, If Institution: a. COUNTY WASHINGTON b. COUNTY WASHINGTON a. STATE MARYLAND on by the MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTUWN 50 YRS. HAGERSTOWN filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 423 LIBERTY ST. WASHINGTON COUNTY HOSPITAL YES NO X with completely carbon 3. NAME OF First Middle DATE Month ADAMS DECEASED December MARY EDNA remove carb (Type or print) DEATH executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months | Days 11/6/1886 Hours and FEMALE WHITE WIDOWED A DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Sician be during most of working life, even if retired)
HOUSEWIFE PENNSYLVANIA PHYSICIAN: The law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CIA PPSADDLE attending ermit. Ther ALBERT FACKLER AMAGERSTOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? igned by the attend ial-transit permit. rial, cremation, or re 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, grunkown) { (If yes give war or dates of service) KNE PPER MD. RICHARD 18. CAUSE OF DEATH (Enter only one cause per line for (a), INTERVAL BETWEEN ONSER AND DEATH PART I. DEATH WAS CAUSED BY: **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that ti Page 4 may be retained by the hospital or attending physician. has been signed be as the burial-tran h prior to burial, cre IMMEDIATE CAUSE (a) Cenditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PAINT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) , 19. WAS AUTOPSY certificate h PERFORMED? NO T 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18 this certil detached f e Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc. Hour a.m. Not While at work at work the S that (I) (we) last DIRECTOR: /
age 3 should
iled with the 21. I certify that (I) (this hospital) attended the deceased from. M, from the causes and on the date stated above. saw the deceased alive or and that death occurred at 22b. DATE SIGNED ATTENDING page DIRECTOR PHYS. PHYS. O FUNERAL PHYSICIAN'S ADDREST 22d. director, p NAME (Type) BINFORD. POTOMAC AVENUE HAGERSTOWN. HAGERSTOWN 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY MD • BURIAL, CREMATION, 23d. REST HAVEN CEM. /66 FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE 20M 1/65

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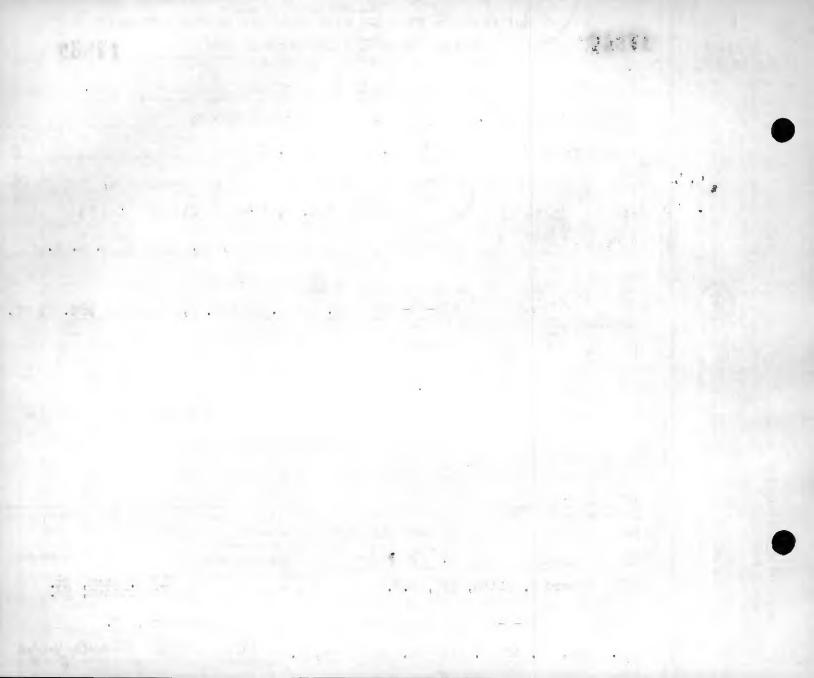
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by t Page Irs a	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	nearest town
hours d in by rs. Pa	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS le. 0	S RESIDENCE
7 24 hd filled papers. hin 72 h	Washington Co. Hospital 19 S. Artizan St. YES	ON A FARM?
executed within 24 hours and completely filled in by remove carbon papers. Pag n any event, within 72 hours	3. NAME DF DECEASED (Type or print) FLOYD EOWARD ALLEN DEATH DEC. 20	Year
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ath cert attendin rmit. Th	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address W. 11. 21.	-0
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at the deat lan, d by the at ransit pern cremation,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	AL BETWEEN
hat the cian. led by transi	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) My orordial inforction Min	AND DEATH
SICIAN: The law requires that the death certificate hospital or attending physician. s certificate has been signed by the attending physiched for use as the burial-transit permit. Then ple to the latter to burial, cremation, or removal, a contraction or removal, a contraction or removal.	4201 DUE TO 0 17 0 7 11 - 1	
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or sate	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. W PE] 20a. ACCIDENT WAS UNDERLYING [] AUGUST DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) GROWTH STATE OF THE PART II OF PART II OF PART II OF PART II OF ITEM 18.)	ERFORMED?
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PHY the the De	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bidg., etc.) While Not While at work at work	(State)
ATTENDING retained by CTOR: After should be vith the Stat	21. I certify that (I) (this hospital) attended the deceased from	(I) (we) las
TTEND tained TOR: / Should	saw the deceased alive on 1966, and that death occurred at M, from the causes and on the date s	
R ATT re reta RECTO 3 sho	22a. SIGNATURE 22b. DATE SIGNE	
AL OR	M.D. ATTENDING MED. STAFF 12-21-66	
O HOSPITA Page 4 ms O FUNERAL director, p	NAME (Type) Charles C. Spencer, M.D. 145 S. Prospect St., Hagerstown,	M.D.
Pag	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	24. FUNERAL DIRECTOR ADDRESS WWW 1258_ REGISTRAR 250_ REGISTRAR'S BIGNATU	1RE
VR A15 (4)	How mand of Many William Bat DATE 27 1966 guardes Judy	e.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral after death and deat PLACE OF DEATH A. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Washington Washington MARYLANO by the Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Hagerstown Hagerstown Ξ. papers. iin 72 hc d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) filled e. IS RESIDENCE d. STREET ADDRESS ON A FARM? within 833 Noland Drive Washington County Hospital NOTE within etely carbon NAME DE First Middle Last DATE Month Day Year DECEASED DF DEATH December event, Allene Marv Bartles comple 18 19 66 (Type or print) executed 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX and cor 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS Months | Days Hours any June 1, 1926 White Female. WIDOWED [DIVORCEO [1DB. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)

1DB. KIND OF BUSINESS OR INDUSTRY physician in please r val, and In 5 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be COUNTRY? U.S.A. Martinsburg, W. Va. Seamstress Garment Company 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME he attending ph permit. Then гетоуа Margaret Virginia Wyndham Altie Edwards 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 6 236-28-5014 Jack A. Bartles cremation, Hagerstown. Maryland the CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN requires that the been signed than the purial transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ATTENDING PHYSICIAN: The law requires that ti retained by the hospital or attending physician. IMMEDIATE CAUSE (a **OUE TO** Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the has by as th prior t underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health certificate PERFORMED? NO F YES 2Da. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port | or Part |) of Item 18.) t. of etache Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) be de State Hour a.m. While Not While After at work p.m. at work should ith the S 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the saw the deceased alive on. 22a. SIGNATURE Page 4. TO FUNERAL DIA. 22b. OATE SIGNED be a ATTENOING OIRECTOR . M.D. PAYSICIAN'S NAME (Type) HOSPITAL 22d. ADORESS John C. Morton, M. D. Northern Avenue, Hagerstown, Md. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Martinsburg. Rosedale Cemetery Burial REGISTRAR'S SIGNATURE AOORESS 25a. REC'D BY REGISTRAR | 25b. 24. FUNERAL DIRECTOR Martinsburg, W.Va. VR ALS (4) Brown Funeral Home DATE 20M 1/65

01221 MALE AND STREET sylar pullocities (1) And the first and the particular Advantaged Fig. 12 (12 to 2014) (12 to 2014) man toll of wall-Desired Street Con Street The state of the s A They are that they are the first the true of the second and the 120/11 20 4000 11/21/21 The state of the s as a major traff, and finite may

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17844 death: The low requires that the death certificate be executed within 24 hours ofter death. id completely filled in by the funeral emove corbon popers. Pages I and ony event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY shiraten MARYLAND b. CITY OR TOWN (If auts de carparate limits c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparote limits, write RURAL and give negrest town) write RURAL and give nearest town) Hrs Hagerstown d STREET ADDRESS e IS RESIDENCI d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Shinh La Teld ten count YES -NO TO 3. NAME OF Middle 4. DATE E051 Month Day Year DECEASED EDG, I. Dea DEATH 19 (Type or print) IF UNDER 1 YEAR HE UNDER 24 HRS. S. SEX 6. COLOR OR RACE 9. AGE (In years **NEVER MARRIED** DATE OF BIRTH emove Jost birthday) Hours DIVORCED 10a USUAL OCCUPATION (Give kind of work done 12 CIT ZEN OF WHAT KIND OF BUSINESS OR 1). BIRTHPLACE (County & State, or foreign country) INDUSTRY during most of work og life, even fretired) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the ottending phy burial-tronsit permit. Then burial, cremotion, or removo Susan E. Harbaugh Lewis C. Berrd 16. SOCIAL SECURITY NO 4 IS WAS DECEASED EVER IN U.S ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (if yes give was or dotes of service 5-12-0255 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) be retained by the hospital or ottending physician. DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause Fruge 4 may 50.

To FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the chand he filed with the State Dept, of Health prior to last. WAS AUTOPS' PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIF. CATION NO 20g ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) factory, street, affice bldg., etc] Haur o.m. at work , 1966, to 12 Day, 1966, that (1) (we) lost 21. I certify that (1) (this haspital) attended the deceased from 11 Dec 19 66, and that death occurred at 950 M, from causes and on the date stated above. sow the deceased alive on 12 22b. DATE SIGNED 22a, SIGNATUR DIRECTOR M.D PHYS. 22d. ADDRESS NAME (Type) 23g. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Rest H_ven Cenetery a ratourn VR A15 (4) 20 M 1/66 Coffian Funeral Home Inc



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY a. STATE WASHINGTON MARYTAND WASHINGTON MARYLAND b. CITY OR TOWN (if outside corporate limits, write BURAL and give nearest town) c. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) C. LENGTH OF STAY IN 1b. 4 DAYS HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ACCRESS e. IS RESIDENCE ON A FARM? State hours a 5 GREENBRIAR CIRCLE WASHINGTON COUNTY HOSPITAL NO X NAME OF DECEASED First Middle Month DATE Year (Type or print) ELIZABETH ERITA REASTEY DEATH 19 66 DECEMBER 2 with within 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED TA NEVER MARRIED last birthdey) Months | Deys Hours FEMALE OCT. 22,1922 MIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RETIRED RECEPTIONIST CHEMICAL CO 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? CHEMICAL CO. ILLINOIS U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARTHUR HINDLE RUTH GOERING 15. WAS DECEASED EVER IN U.S. ARMED FORCES? HAGERSTOWN MARYLAND 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) permit. 486-26-7788 BEASLEY 5 GREENBRIAR CIRCLE MR. MILTON INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture Of Skull Right Occipital 19 hours DUE TO Cerebral Contusion & Laceration, Cerebell um, Temporal (b) And Frontal Lobes gave rise to immediate DUE TO Acute Subdural Hematoma, Basilar, Anterior, Middle And Posterior cause (e), stating the underlying cause lest. (c) Fossae Subarrachnoid Hemorrhage PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) used as to burial WAS AUTOPSY PERFORMEO? CERTIFICATION YES -NO [20a, EXTERNAL CAUSE WAS 20b. OFSCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part |) of item 18.) PRIMARY TO CONTRIBUTING CAUSE OF DEATH. Patient fell in hospital room striking head on floor
y, Year, 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, | 20f. (City or town) (Coun MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bidg., etc.) p.m. 11-30- 19 66 et work at work Hospital Hagerstown Washington 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my ppinion Undetermined manner death resulted from: Natural causes . Accident x. Suicide Homicide CHIEF MEDICAL EXAMINER YOUR 22. DATE SIGNED for DEPUTY MEDICAL EXAMINER X please ex director. retained i EDWARD W. DITTO, JR. M.D. 215 W. WASHINGTON OHAGERSTOWN 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) COOK COUNTY ILLINOIS
REC'D BY REGISTRAR'S SIGNATURE BURIAL 12/5/66 CEDAR PARK 24. FUNERAL DIRECTOR VR ALSME (5) CHARLES M. ROUZER HAGERSTOWN MARYLAND 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17847 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral remaye carban papers. Pages 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY b. COUNTY ashington ashington MARYLAND b CTY OR TOWN (If outside corporate amits, write RuRAL and give nearest town) E LENGTH OF STAY IN 16 c, CITY OR TOWN (If autside corporate limits, write RURA), and give nearest town). Hagerstown eeks Hamersto n d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC within 72 ON A FARM 4 Snyder Ave. YES T NO NAME OF Middle 4. DATE DECEASED OF DEATH ea.9 .1966 (Type or print) Lutner Bennett 19 James IF JNDER 1 YEAR 1F UNDER 24 HRS. S SEX AGE (In veors 6 COLOR OR RACE DATE OF BIRTH NEVER MARRIED Inst birthdov) Months Drivs Hours alle DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 10a, US, AL OCCUPATION (Give kind of work done TOB. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Smart Point rmer nethred 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remava!, Ella Pope William Bennitt Jales 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) ((If yes give war ar dates of service) 16 SOCIAL SECURITY NO. 17. INFORMANT East Lincoln Junes L - ennitt നമ cremation, INTERVAL BETWEE 18. CAUSE OF DEATH (Enter only one couse per line for (g), burial-transit PART I. DEATH WAS CAUSED BY-ONSET AND PLAT IMMEDIATE CAUSE (a) DUE TO signed ! Conditions, if any, which gove nse to .mmediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. of Health priar to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DUSTASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? CERTIFICATION NO 20g ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part f or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or lawn) (County) (State) 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur o.m. factory, street, office bldg., etc.) Nat While of work at work 21. 1 certify that (1) (this haspital) attended the deceased from CC 3 should 26 cM, fram causes and on the date stated obove and that death accorred at saw the deceased/alive an 22o. SIGNATURE 22b DATE SIGNED STAFF PHYS. ATTENDING director, page 3 should be filed v M.D. DIRECTOR PHYS ADDRESS 22c PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City ar Town) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) Rose Hill Cenetery 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 Ind. uneral

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral aff 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, if institu e. COUNTY e. STATE L. COUNTY \$7 4 4 by the b. CITY OR TOWN (if outside corporate limits, MARYLAND Virginia c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town? <u>-</u> Baileys Cross Roads. Virginia Rural- Boonsboro, Pages Md. papers. Paging 72 hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? completely Fahrney-Keev Memorial Home YES NO executed NAME OF Last 4. DATE Month Day Year DECEASED OF (Type or print) DEATH Gertie Mav Berger Dec. 19 66 carbon nt, within 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. pue 7. MARRIED NEVER MARRIED last birthday) Months Days Hours Female death certificate WIDOWED T DIVORCED August ever physician remove 10s. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stela, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, avan if ratired) any Housewife United State: Franklin Co.. Penn. please Ξ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Anna Elizabeth Reel Andrew Klee Then requires that the removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.1 17. INFORMANT 5550 Columbia, Pike (Yes, no, or unkown) | (Ifyas give wer or dates of service) Mrs. Gertrude Maclay , Arlington, Va. attending physician. No 99-20-1014 permit. has been signed by 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN Ö ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **burial-fransit** DUE TO Conditions, i. any, which gava rise to immediate causa **DUE TO** (a), slating the underlying the the hospital or After this certificate use as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Prior NO [DIRECTOR: After mind to be detached for u 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTR BUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or lown) (County) (Stata) factory, street, office bldg., atc.) While Not While Hour a.m. at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from U-C to 1900 that (I) (we) last M, from the causes and on the date stated above. Vi- 19.00, and that death occurred at / saw the deceased alive on. 22a. SIGNATURE DATE MED. SIGNED ATTENDING STAFF death, Page 4 HOSPITAL page with th PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS filed v NAME (Typa) 23s. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, fown or county) 23c. NAME OF CEMETERY OR CREMATORY (Stefa) 2 gi REMOVAL (Specify) Chambersburg. Burial 29-66 Cedar Grove 24 PUNERAL DIRECTOR SIGNATUR 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Ubb VR A15 (4) Chambersbufg, DATE 20M 5-63

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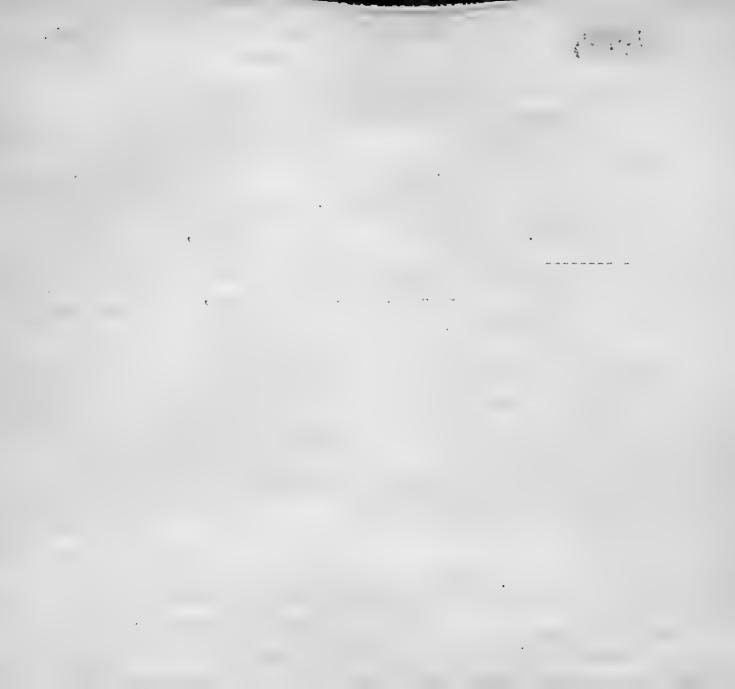
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17849 CERTIFICATE OF DEATH physician and completely filled in by the funeral ren please remove carbon popers. Pages 1 and 2 ren please remove carbon popers. requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmiss on 1 PLACE OF DEATH o. COUNTY o. STATE 5. COUNTY Washington Wash. Md. popers. Pages I yin 22 hours after MARYLAND E LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, Hagerstown 8 days Hagerstown rural d. STREET ADDRESS B IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) RFD #2 Washington County Hospital YES K NO 3. NAME OF Middle 4. DATE First Lost Day DECEASED December 17, 19 Jane Bl enard Emma (Type or print) DEATH AGE (n years IF UNDER 1 YEAR S SEX 6 COLOR OR RACE B DATE OF BIRTH 7. MARRIED NEVER MARRIED ourthdoy) Oct. 30, 1883 fmela white WIDOWED X DIVORCED 10o USUA: OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, every if retired)
housewife of farmer INDUSTRY Hagerstown, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME David O. Smith Georgianna Eakle 16 SOCIAL SECURITY NO 17. INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 216-22-770 William S. Blenard, Hagerstown, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (r).) signed by the buriol-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if any which gove rise to immediate cause (o). DUE TO stating the underlying couse last. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? the hospitol or 20o ACCIDENT WAS UNDERLYING (205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I of Part II of item 18-7 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or lown) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (Stote) 20c TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Hour o.m. Not While Page 4 may be retoined by t TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. 66.10 saw the deceosed alive on Med 7 19 66. and that death accurred of M. fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22c. PHYSICIAN S NAME (Type) director, should be 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b DATE THEREOF (County) (Stote) 12-21-66 Rose Hill Cemetery Hagerstown. ADDRESS 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Minnich Funeral Home, Hagerstown, Md. Dob



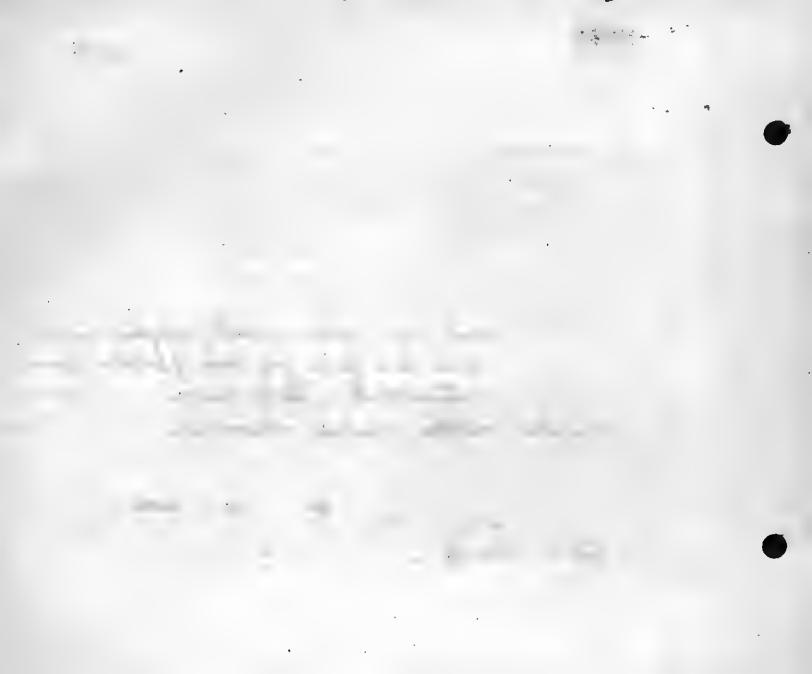
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Hagerstown d. Name of Hospital or Institution (if not in ho Washington County Memor: 3. Name of Deceased (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRI Male White wipow 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	ial Hospital Middle NELSON B ED X NEVER MARRIED 8. ED DIVORCED A	d. STREET ADDRESS 527 Brunswick Lost 4. DAT OF SOHRER DEA	Street Month TH Decemb		ONA
NAME OF DECEASED (Typa or print) SEX 6. COLOR OR RACE 7. MARRI White 7. MARRI White 10b. Factoria most of working life, even if ratirad)	Middle	COHRER DEA	Month TH December		
(Typa or print) 5. SEX 6. COLOR OR RACE 7. MARRI Male White Whow wipow 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IED NEVER MARRIED 8.	OHRER DEA	Decem	ber 22.	
dona during most of working lifa, evan if ratirad)	CINED OF CHIEFFEE OF LABOUR DA	lug. 20, 1882	last birthday) 84 yrs.	Months Days	19 IF UNDER Hours
13. FATHER'S NAME	ilroad	Y 11. 8IRTHPLACE (County & State) Berkeley Sprin 14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (Yas, no, or unkown) (ifyasgivawarordatasofsarvica), No None 70.		Mary Hobday NFORMANT Camilla Bohrer	527 ^{Addres}	unswick	St.
18. CAUSE OF DEATH [Enter only one cause par PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE [a] DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)	rio tor (a), (b), and (c).] Catre failing whosis of le: hemotic	in from por heart dies	earl or	ick, Mar INN ON Zestun	mou
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	laNot Whila facto	CE OF INJURY (Home, farm, 20f. (pry, streat, office bldg., etc.)	City or town)	(County)	
21. I certify that (I) (this hospital) after saw the deceased alive on	nded the deceased from	death occurred at .9 AM	om the causes a	and on the da	hat (I) te stated
22c PHYSICIAN'S	ffer m	ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS Hagerstown,	STAFF PHYS. Maryland	22 K	
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BUT 1 a 1 24 SUNER L DIRECTORS SIGNATURE	23c. NAME OF CEMETERY CO Old Brethren ADDRESS	Cemetery Bro	OCATION (City, tow Wnsville GISTRAR 255. REG	, Maryla	

MENT OF MEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY Washington Washington Maryland completely filled in by the ve carbon papers. Pages 1 event, within 72 hours after MARYLAND b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Years RFD1 Clear Spring RFD1 Clear Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES X NO Washington Go. The law requires that the death certificate be executed within NAME DE DATE Month Day First Middle Last Year DECEASED DE DEATH (Type or print) 19 Electra Ellen Bryson Dec 66 ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH 9. and cor last birthday) | Months | Days Hours WIDOWED TY DIVORCED Female. June 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT physician and in Ξ 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? Housewife

13. FATHER'S NAME Co. Carroll 14. MOTHER'S MAIDEN NAME Austin Edwards Margr 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Address 17. been signed by the atten the burial-transit permit. or to burial, cremation, or i (Yes, no, or unknown) ((If yes give war or dates of service) Stanley None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: by the hospital or attending physician. IMMEDIATE CAUSE (a) $\times 0.0$ DUE TO Conditions. If any, which gave rise to immediate DUE TO cause (a), stating the prior 1 underlying cause last. 83 CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT for use Health p PERFORMED? No 🖂 this cerum detached fo INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de Hour a.m. While Not While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from __, that (1) (we) last and that death occurred at_ M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SICNATURE page DIRECTOR 4 may TO HOSPITAL FUNERAL 22c. PHYS MIAN 22d. ADDRESS director, p NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 Memorial Gardens Plaska Virginia 5b. REGISTRAR'S SIGNATURE 25a, REC'D BY RECISTRAR | 25b. -FUNERAL DIRECTOR **ADDRESS** VR #15 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17852 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 1. PLACE OF DEATH and campletely filled in by the funeral remave carban papers. Pages 1 and a. COUNTY **b.** COUNTY Washington Marvland Washington MARYLAND b CITY OR TOWN (If outside carparate limits, we the RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Smithsburg vears remave carban papers. e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS event, within 72 Jackson Convelsent Home Rd YES 🔲 NO 3. NAME OF Middle 4. DATE Month Dov First Lost Year DECEASED OF (NMN) Tillie Buchanan December 2719 66 (Type or pont) DEATH S. SEX 6 COLOR OR RACE B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR **IE LINDER 24 HRS** 7 MARRIED NEVER MARRIED glast birthdoy) Months Dovs Hours 5-28-1872 Femble white WIDOWED DIVORCED KIND OF BUSINESS OR 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of warking life, even if retired)
HOUSEWILE INDUSTRY COUNTRY? Moscow, Ohio home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending phy burial-transit permit. Then or remov Charles Kayser Carolyne Juengling 16. SOCIAL SECURITY NO. 17. INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates af service 215-50-3687 Smithsburg. Bverett Guild Md. no burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) DNSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. 4,41 DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO has been s ise as the t th priar ta b stoting the underlying cause last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CERTIFICATION State Dept. of Health NO this certificate 迃 20a ACCIDENT WAS UNDERLYING □ 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice blda., etc.) Hour o.m. Not While While OR ATTENDING ot work at work O FUNERAL DIRECTOR: After 3 should be 21 I certify that (1) (this hospital) attended the deceased from 10-1 194 8 to 12 -1 1966 that (!) (we) last with the saw the deceased alive an 12-23 1966, and that death accurred at 8 PM, fram causes and an the date stated above 22b. DATE SIGNED 22o. SIGNATURE MED. - 28-66 M.D. DIRECTOR PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) **BURIAL, CREMATION** 23b. DATE THEREOF (County) (State) burial Moscow, Ohio 12-31-66 Calvary Cemetery 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 BAEC Minnich Funeral Home Hagerstown, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17853 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. death funeral 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) **b.** COUNTY o. COUNTY o. STATE MARYLAND in any event, within 72 haurs after signed by the attending physician and campletely filled in by the burial-transit permit. The propers remave carbon papers Pages b CITY OR TOWN (If outside corporate firmits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Town) wrate RURAL and give nearest town) ha er 0 00 tm .VS :erstown papers d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS B IS RESIDENCE ON A FARM? NO 🖾 YES . 1930 Gav 4. DATE NAME OF Middle First Lost Dov Year DECEASED Alige Desent: DEATH er 19 7 (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED unst birthdoy) HOLIS WIDOWED DIVORCED # 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even it retired) UNDUSTRY COUNTRY? m nome ier stoun 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Hutzel] ...e or rem WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service burial, crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per fine for (o), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). r this certificate has been so detached far use as the b te Dept, af Health prior ta b DHE TO stoting the underlying couse last. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 3 shauld be detached far use with the State Dept. of Health 1 CERTIFICATION NO YES -205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. ot work of work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. 6.36 M, fram causes and an the date stated above saw the deceased alive an and that death accurred at 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. DIRECTOR MD. PHYS. director, page should be filed 22d, ADDRESS 22c PHYSICIAN NAME (Type) Potonac St Ha 'estacim 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City of Town) 23o. BURIAL CREMATION (Stote) -REMOVAL/Specify) roadfordin areterv 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR 1966 VR A15 (4) 20 M 1/66 BEC 9



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17854 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. campletely filled in by the funeral nave carban papers. Pages 1 and 2 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH b. COUNTY o STATE o...COUNTY ease femave carban papers. Pages I and in any event, within 72 hours after MARYLAND c CITY DR TOWN (If autside carparate limits, write RJRAL and give nearest town) C LENGTH DE STAY IN 16 b. CITY DR TOWN (If autside carparate timits, write RURAL and give nearest tawn) Boonsboro 3 LLVS d. NAME DE HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS YES X NO Monroe 4 DATE Middle Month Year 3 NAME OF DECEASED DEATH (Type or print) IFTINDER 1 YEAR IF UNDER 24 HRS AGE (In years S SEX DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Manths Hours rch8.19.0 WIDOWED X DIVORCED 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10g JSUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) COUNTRY? INDUSTRY Poonsecro, " sh. 14 Mother's Maiden NAME Heme 13 FATHER S NAME or remayal, Viola Rohrer P. ul Rohrer 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, na, ar unknawn) (If yes give war ar dates at service) Keedy crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY. signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) TO HOSPITAL OR ATTENDING PHYSICIAN: The taw requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Canditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stating the underlying cause as the priar to last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN M PART 1(a) far use (Health p NO. 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 1B.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NDTIFY MEDICAL EXAMINER) (City or town) (State) 20e PLACE OF INJURY (Home, form, (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Not While Hour a.m. factory, street, affice bida, etc.) at work at wark 21. I certify that (1) (this haspital) attended the deceased fram Mean 1966, and that death accurred at 9 1 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a, SIGNATURE **ATTENDING** PHYS. M.D. director, page 3 shauld be filed v PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) Ceretery 2Sb. REGISTRAR'S SIGNATURE 2Sg, "REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** carles DEC 1966 VR A15 (4) 20 M 1/66 olimn Funeinl DATE Anar en 5.4014

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O DEPUTY	- SE 로 :	Health ar	230	NAME (Type) Dr. E. W. BUR AL, CREMAT ON, 23b DATE	Ditto, Jr	23c NAME OF CEMETER	Y OR CREMATO	Address (Stree	et, city, town, or co	onty) Hages		(Stote)
01	_₹ ~ 5	_	24			Greenway		2So REC		ley Spg	RAR S SIGNATURE	Va.
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Items 1 221 Film 384 1-3-MARYLAND STATE DEPARTMENT OF HEALTH



LAND STATE DEPARTMENT OF HFALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH director PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Filed **b.** COUNTY MARYLAND ned 15hiH 97 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) ea san Williams d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 67 YES NO I tomewoo .⊑ NAME OF Middle Last 4. DATE Month Year Day (Type or print) DEATH S. SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Days WIDOWED 🗀 DIVORCED [ofte 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) an son Ville None touse 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Margar physicia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY/NO 17. INFORMANT (If yes, give war or dates of service) NO INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO igned by permit. Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underhos been significations to lying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO TO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f, (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg , etc.) Hour en in Whife Not while ol work al work p. m. .. 19.60 that (1) (we) last 21 | certify that (1) (this haspital) attended the deceased from 19 Coand that death accurred at 3A.M. from the causes and on the date stated above saw the deceased alive an 22a SIGNATURE 22b DATE moy be retained a roll of Economy base 3 should be detailed the Star Sould be detailed. SIGNED ATTENDING J 2-7-7-66 MD. PHYS. 22c PHYS CIAN S 22d. ADDRESS NAME (Type) 77TRd 230. BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) (State) REMOVAL (Specify) 12/30Glade Cemeterv Walkersville, Maryland /66 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25g REC'D BY REGISTRAR 1966 VR A15 (4) Etchison & Son. Frederick. 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17857 CERTIFICATE OF DEATH death, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) requires that the death certificate be executed within 24 haurs after de a. COUNTY **b** COUNTY MARYLAND b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest fown) the attending physician and campletely filled in by the sit permit. Then please remave carban papers. Pages write/RURAL and give negres) town) 5+0W1 IS RESIDENCE ON A FARM? d MAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d. STREET ADDRESS NO F YES 3. NAME OF 4. DATE Year DECEASED Dec. 10, daggett Clara. (Type or pant) DEATH 19 6 1 IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH ast pirthday) WIDOWED DIVORCED 10/1431,1922 sicio. please re-10a JSUAL OCCUPATION (Give land of work done 10b. K ND OF 8LSINESS OR 12 CIT ZEN OF WHAT 11. CRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14... MOTHER'S MAIDEN NAME IS WAS DECEASED EVER IN US ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war at dates of service INTERVAL SETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED 8Y: burnal-transit ONSEL AND DEATH carcinomatosis IMMEDIATE CAUSE (c) paubis DUE TO CARCINOMA of CERVIT 23 monks Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the priar to b this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERINEPHRITIC abscess Q1 PYELONEPHRITIS YES THE NO TO 20a ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram October 20, 1966, to Dec. 10, 1966 that (1) (we) last saw the deceased glive an DEC-10, 1966, and that death accurred at 9:30/4M, from causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATURE 22c PHYSICIAN'S 22d. ADDRESS 7110 STEEN TOL. STATE HOSPITAL NAME (Type) VICTOR L. Famos, m.D Hagerstown, maryland director, shaodd b 23c. NAME OF/CEMETERY OR CREMATORY 23g_BURIAL CREMATION 23b. DATE THEREOF (Caunty) (State) **ADDRESS** 25a. REC'D BY REGISTRAR /2Sb FUNERAL DIRECTOR VR A15 (4)(20 M 1/66

1_/_	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
4 204	17858 CERTIFICATE OF DEATH 17855						
hours after death. d in by the funeral rs. Fages I and 2 Z hours for death.	1. PLACE DF DEATH a. COUNTY WASHINGTON MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY MARYLAND WASHINGTON MARYLAND						
by the	b. CITY DR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL end give nearest town)						
hour d in crs.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE						
24 hy filled papers in 72 l	WASHINGTON COUNTY HOSPITAL 904 VIEW STREET YES NO [X]						
executed within and completely remove carbon in any event, with	3. NAME OF First Middle Lest 4. DATE Month Day Year						
rted within completely ve carbon event, with	(Type or print) JERRY N.M.N. CONRAD DEATH DECEMBER 2 19 66						
o co	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS last birthday) Months Days Hours Min.						
and remo	MALE WHITE WIDOWED APRIL 9. 1909 57 yrs.						
lease remove carbon papers.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST 10b. KIND OF BUSINESS OR INDUSTRY AIRCRAFT 11. BIRTHPLACE (County & State, or foreign country) LAWRENCE CO., OHIO 12. CITIZEN OF WHAT COUNTRY? LAWRENCE CO., OHIO U.S.A.						
physi of ple oval, a	13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME						
	WILLIAM F. CONRAD EVA DILLON						
n signed by the attending pry burial-transit permit. Then b burial, cremation, or removal,	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT HAGERSTOWN GREAT HAGERSTOWN						
y the sit pe matio	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART L OSATH WAS CAUSED BY. DISET AND OFATH						
attending physician. Has been signed bie as the burial-tran. h prior to burial, cre.	PART I. OEATH WAS CAUSED BY: Illurend Corednal) from toom 3 days						
been signed by t the burial-transit r to burial, crema	conditions, if any, which Due to Careford Throndown 3 days						
the or to	gave rise to immediate cause (a), stating the underlying cause last. OUE TD OUE TD OUE TD						
certificate has hed for use as t. of Health price							
of Health p	YES ☐ NO ☐						
Dept. of H	PARTII. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDRY PERFORMED? YES NO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
ale De	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While at work at work at work						
ld be d le State	21. I certify that (I) (this hospital) attended the deceased from // - 4/ , 196 4/ to/ , 196 6, that (I) (we) last						
다. 다. 다. 다.	saw the deceased alive on 12 - 2 - 6 6 19 and that death occurred at 5 M, from the causes and on the date stated above						
Will Will	22a. SIGNATURE 22b. DATE SIGNED						
ID FUNEXAL DIRECTORS director, page 3 should should be filed with the	M.O. PHYS. W. OIRECTOR PHYS. L. 12/5/1906						
should be filed with the State Dept.	22c. PHYSICIAN'S NAME (Type) JOHN C. MORTON M. D. 22d. AOORESS 580 NORTHERN AVE. HAGERSTOWN, MD.						
dire	23a. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL (Specify) 12/5/1966 REST HAVEN CEMETERY HAGERSTOWN, MARYLAND)						
	BURIAL 12/5/1966 REST HAVEN CEMETERY HAGERSTOWN MARYLAND 24. FUNERAL DIRECTOR ADDRESS 1 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
(4) Only	CHARLES M. ROUZER HAGERSTOWN, MARYLAND DATE DEC 6 1866 Achievles Quede						
Viz	DATE DEC (1900 X						

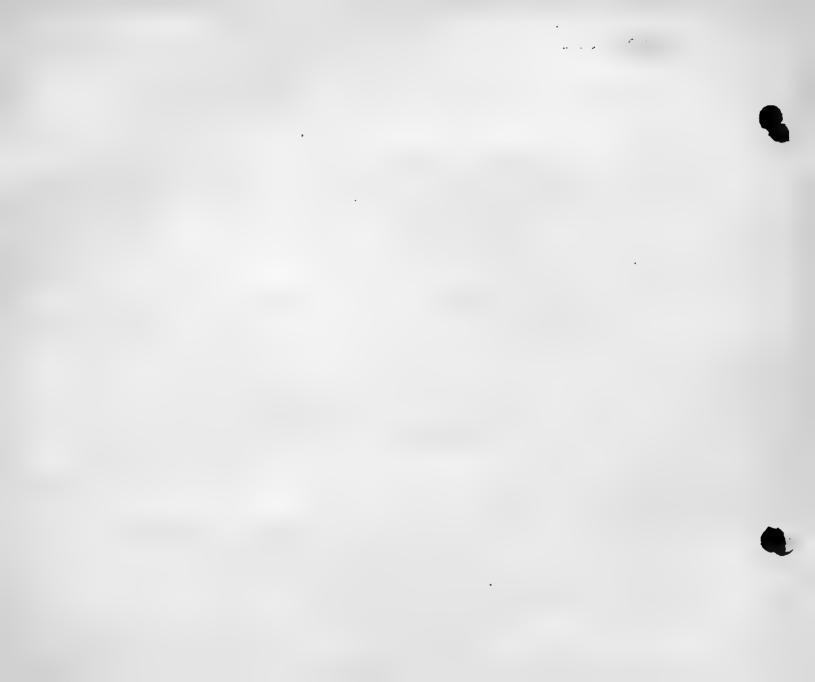


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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17859 requires that the death certificate be executed within 24 hours after death and death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) b. COUNTY Montgomery o COUNTY Washington Mary Land MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Bethesda Hagerstown d STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 7101 Clarendon Road Western Maryland State Hospital YES NO X NAME OF Lost 4 DATE carban DECEASED Williams Deci31 Type or print) DEATH IF UNDER 24 HRS. S SEX B. DATE OF BIRTH 9. AGE (In years NEVER MARRIED lost birthdoy) White Male aug. 7, 1907 WIDOWED DIVORCED 11. FIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT On USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)
Equipment Operator INDUSTRY Virginia 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Mary Atkins. Jesse B. Cox 17. INFORMANT Wife Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give wor or dates of service Same as Item 2. Frances A. Cox No CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH cepebral thrombosis (multiple) Equadrip IMMEDIATE CAUSE (o) **DUE TO** ZIAKNOWN Conditions, if any, which gove ARterioselerosis, genera rise to immediate cause (a), DUE TO stating the underlying cause this certificate has been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) (1) Circhosis of liver NO BY 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. 21. I certify that (1) (this hospital) attended the deceased fram Dec. 28 1966 to Lec. 31 , 1966, that (1) (we) last saw the deceased alive an Dec. 31, 1966, and that death accurred at 4155 M, from causes and an the date stated above. TO FUNERAL DIRECTOR: 22b. DATE SIGNED 22o. SIGNATURE Dec, 31,1966 director, page should be filed 22d. ADDRESSCOESTERN Md. State HOSPIDEC 22c. PHYSICIAN'S VICTOR L. Ramos, m.D. NAME (Type) Hagershww, md 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23o. BURIAL, CREMATION, REMOVAL (Specify) Mt. Zion Cemetery Bethesda. Maryland 1-4-67 2So. REC'D BY REGISTRAR 10 256. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland DATE

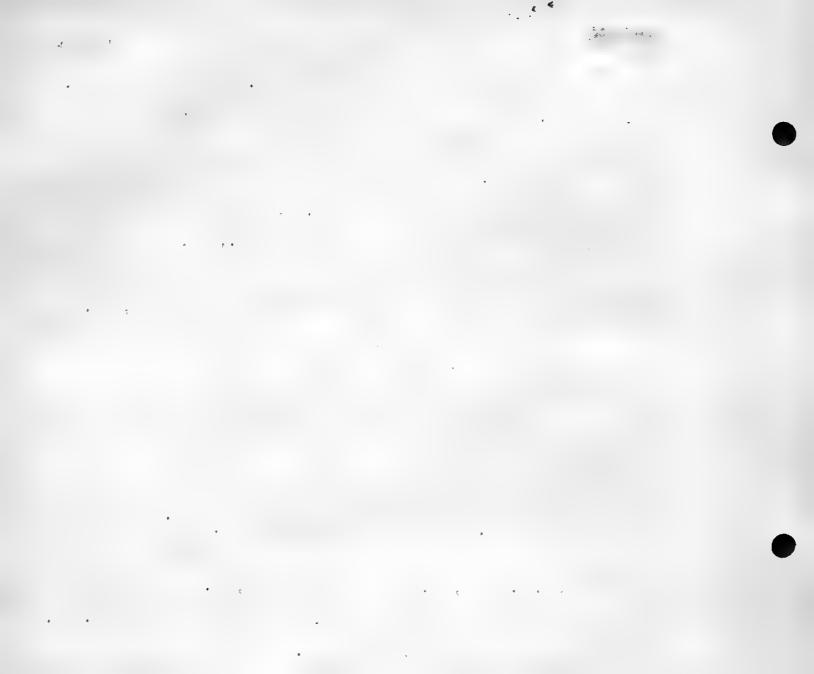


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 items 15,1d Film G384 1/9/67 CERTIFICATE OF DEATH Reg. Dist. No. 785 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Washington o. STATE Maryland **b** COUNTY Washington MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn). RURAL and give nearest lown) Pen Mar. Penna. Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION Box 69 ON A FARM? Wasnington County Hospital YES NO PA 3. NAME OF Middle 4. DATE Month DECEASED MALLIEW RILEY CRIDER (Type or print) DEATH Dec. 19 66 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Manths Male May 5. 1906 WIDOWED | DIVORCED T 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? Maintenance man Frick Company Petersburg, W. Va. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Mrs. Wm. R. Crider, Box 69, Pen Har, Pa. No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise la immediate **DUE TO** cause (o), slating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO TH 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) Not while factory, street, affice bldg., etc.) Hour n. m. While at work a at work 12-30, 1966, that I last saw the deceased 21. I certify that I attended the deceased from 5-11, 1960, to 1966, and that death accurred at 7 - P M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 12-31-66 Dr. Charles F. Hess PHYSICIAN'S Smithsburg, Md. NAME (Type) 220 BURIAL, CREMATION, 22¢ NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) Mountain View Cemetery Sharpsburg, Haryland 246 REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAR Waynesboro, Penna. 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17861 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH b COUNTY BO a. COUNTY o STATE WASHINGTON after death. MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (if autside carporate mits write RURA, and give nearest town) Baltimore HOUR d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? hours WASHINGTON COUNTY HOSPITAL E. Monument St. 2020 ote NO IX 3. NAME OF 4 DATE Month Day DECEASED OF DEATH 19 66 Dec. (Type or print) IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED DATE OF BIRTH 9 AGE (In years F UNDER 24 HRS b_rthday) Manths Hours White Male 2/8/1910 DIVORCED T WIDOWED 11 BIRTHPLACE (State or foreign country) 10a USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT Finishing Carpenter Taylor Co., W. Va. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Holly Custer Ida (Don't know) 16 SOCIAL SECURITY NO 17. INFORMANT 232-01-2982 John C. Custer, R. Rt. Grafton, W. Va. IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no. or unknown) (If yes give war or dates at service) removal No INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY 3 ONSET AND DEATH Cardiac Atrast ō IMMEDIATE CAUSE (o) o buriol-tro cremation, Conditions, if any which gave 1 10 YPS, nse ta immediate cause (a), DUE TO certificote stating the underlying cause Asterio schoon 10-15-X24 burial, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF VENIN PART 1(a) WAS AUTOPS' PERFORMED? NO X 2 20a EXTERNAL CAUSE WAS prior 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c TIME OF N.JRY Month, Day, Year 20d IN. JRY OCCURRED 20e PLACE OF INJURY (Hame, form (City or town) (County) (State) factory, street, affice bldg., etc.) of work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry 12. and in my apinian moy be retoined FUNERAL DIRECTO death resulted from. Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER funeral DEPUTY 5 moy be 170 FUNERAL Health or i EXAMINER'S Edward W. Ditto DEPUTY MEDICAL EXAMINER 12-26-66 Address (Street, city, town, or county) : Washington St 23c NAME OF CEMETERY OR CREMATORY je Pe 23d LOCATION (City or Tawn) Taylor Co., W. V Woodsdale Memorial Park 250, REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15ME (5)





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17863 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1. PLACE OF DEATH a COUNTY b. COUNTY a. STATE WASHINGTON MARYLAND filled in by the fr CLENGTH OF STAY IN 16 I flauts de carparate limits. c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) within 72 hours EKSTICHIN MAGERSTOWAL d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? NO DE 60 WINKER YES First DATE Month Doy Year Twin the attending physician and campletely DECEASED OF DEATH 1966 00 (Type or print) IF UNDER 24 HRS S SEX 6 COLOR OR RACE AGE (In years 7 MARRIED NEVER MARRIED please remaye last birthday) Months Dovs DIVORCED WIDOWED 10a USUAL OCCUPAT ON (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY WASHINGTON CO. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 17. INFORMANT (Yes, na, or upknown) (If yes give war ar dates of service MOTHER INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY 10 FUNERAL DIRECTOR: After this certificate has been signed by the director page 3 should be detached for use as the burial-transit ATELECTASIS . IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO 3 should be detached far use as the burial-with the State Dept. of Health priar to burial, IMMATURIT MARKED Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? REMATURIT NO A 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, affice bldg , etc.) 21. I certify that (1) (this haspital) attended the deceased from 23 1912 19 66, to 23 week, 1966, that (1) (we) last 23 Dec 19 66, and that death accurred at 205/M, fram causes and an the date stated above. sow the deceosed alive on_ 22a SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. 23 DIRECTOR director, page 3 shauld be filed v M.D. PHYS. 22c PHYSICIAN'S 22d. ADDRESS KEYSER HAGERSTOWN NAME (Type) 101 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (Stote) 230 BURIAL CREMATION 23b. DATE THEREOF REMOVAL (Specify) BURIAL ACERSTOWN 25h REGISTRAR'S SIGNATURE REC'D BY REGISTRAR C 28 196 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 CHARLES M. ROUZER HAGERSTOWN.



1 ,,	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
ية جركاء ا	17864 CERTIFICATE OF DEATH 17861
death.	1. PLACE OF DEATH / 2. USUAL RESIDENCE (Where deceased lived, 11 Institution: Residence before admiss
the f	UASAINIG701/ CO. MARYLAND MARYLAND WASKING
by Page	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
hour d in rs.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDEN
	WASHINGTON COUNTY WOSPITAL GO WINTER ST YES NO.
withi≡ 2 pletely fill sarbon pa	3. NAME DF First Middle Twin I Last 4. DATE Month Day Year
itell wi	(Type or print) AELLY DAMES DET NUNEY X DEATH (EC(12) 24 38 19 66
and com	Markies Never markies Never markies Never markies Months Days Hours Months Days Hours M
an an an	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 12a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR HOUSTRY) 12b. LITZEN OF WHAT COUNTRY?
tificate be replayed and in a mover and in a	URSNINGTON CO. MO. U.SA.
certifica nding.ph . Then removal	13. FATHER'S NAME
cert indin	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
tat the death certifican. ed by the attending transit permit. The cermation, or reme	(Yes, no, or unknown) (If yes give war or dates of service) MOTHER 60 WINTER ST.
the darift pr	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c),]
at the sian. Start by transcreet	PART I. DEATH WAS CAUSED BY: PRIMARY ATELECTASIS of Lung - Jolu 32 177
hysic hysic signe rrial rrial,	Conditions, If any, which) (b) MARILES Immer Turity
requires that the nding physician. then signed by the burial-transit or to burial, crems	gave rise to immediate cause (a), stating the DUE TO
law re ttendii has be as th	underlying cause last. (c)
N: The fa tal or att incate h for use Health p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED YES NO 20a, ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
CIAN: The ospital or a certificate hed for use the for the certificate to the second to the certificate to the second to the sec	YES NO YES NO 202. ACCIDENT WAS UNDERLYING 20b. / DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
HYSICIAN he hospita this certif etached f Dept. of I	
	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State factory, street, office bldg., etc.) 20f. (City or town) (County) (State factory, street, office bldg., etc.)
by be state	
ATTENDING retained by recton. After 3 should be with the Stal	21. I certify that (I) (this hospital) attended the deceased from 13/32, 1966, to 13/34, 1966, that (I) (we) saw the deceased alive on 13/34 1966, and that death occurred at 24M, from the causes and on the date stated about
	22b. DATE SIGNED
ITAL OR may be RAL DIRE r, page Se filed v	22c. PHYSICIAN'S 2 ATTENDING MED. STAFF 13/54/C.L.
FERM 501,	NAME (Type) CONALD E. KRYSER 101 KING ST. HAGERSTOWN,
D HOS Page O FUN direct	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	DE TILL DIRECTOR 1 12/24/66 KOSE It (Come terry HAGERSTOWN MC 24. FUNERAL DIRECTOR 1 ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AI5 (4)	Chirles M Kouzer HAGERS TOWN Maryland BEE 28 1966 Charles Judges
20M 1/65	di di
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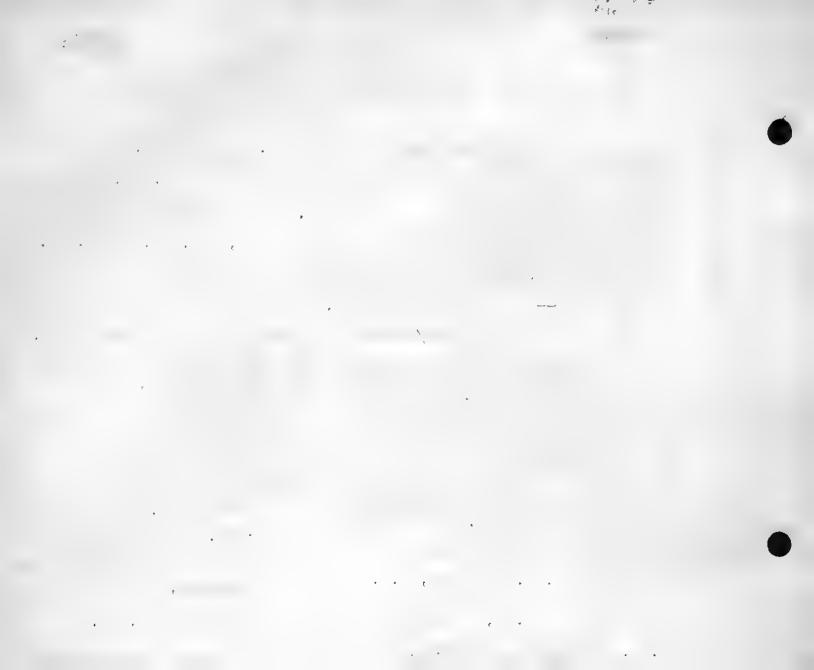
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DEATH CERTIFICATE 17865 ÔÉ requires that the death certificate be executed within 24 hours after death campletely filled in by the funeral ove barban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) " Washington o State Maryland Washington after MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. C LENGTH OF STAY IN 16 write RURAL and give nearest town)
Hager stown 25 Garlinger Ave. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Western Md. State Hospital Hagerstown YES NO XX NAME OF Middle DATE Month Doy DECEASED (Type or print) DEATH IF UNDER 1 YEAR AGE (In years SEX 7. MARRIED NEVER MARRIED Months Dovs Hours WIDOWED DIVORCED rem physician and 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 10a USUA, OCCUPATION (Give kind of work done **COUNTRY?** during most of working life, even if retired)
Housewife INDUSTRY Rohrersville, Md. U. S. Own Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval signed by the attending phy Daniel Gaylor Alice Smith Hadder stown, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) illf yes give war or dates of service Mrs. Donald Grams. 21 W. Antietam St. 220=30=8868 No. 18 CAUSE OF DEATH (Enter only one couse per line for (e)—b), and (t)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN IMMEDIATE CAUSE (a) DUE TO: Conditions, if ony, which gove rise to immediate cause (a). **DUE TO** stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the th 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, form, (City or tawn) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Haur a.m. Nat While at wark at work 21. I certify that (I) (this haspital) attended the deceased fram. be retained saw the deceased alive an and that death accurred at_ 169 AM, from causes and an the date stated above. 22b. DATE SIGNED 22a SIGNATURE MED STAFF DIRECTOR [M.D. 22d. ADDRESS 22c. PHYSICIAN'S director, pa shawld be f NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION. 23b DATE THEREOF (County) REMOYAL (Specify) 12- 26- 66 Rohrersville, Md. Locust Grove Cemetery 2Sb. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DEC John H. Bast, Jr. 112 N. Main St. Boonsboro Md.



1	t) Division of STATISTICAL RESE	MARYLAND STATE DE ARCH AND RECORDS, 301			D 21201
(IVI)	1786	6	CERTIFICATE	OF DEATH		17089
funeral funeral s 1 and ter death	PLACE OF DEATH O COUNTY Washingt	on	MARYLAND	o. STATE Marylan	ere deceased lived, if institution b COUNTY	Residence before odmission)
hours after 1 by the fu 2 Pages 1 hours after	Boonsbor		47 Years	Boonsbo	ie corporore i mis, wille kukat c	2.1,
filled in papers thin 72 h	d. NAME OF HOSPITA 121 N. M	AL OR INSTITUTION (If not in hospitol, i	give street oddress)	d. STREET ADDRESS 121 N.	Main St.	9 IS RESIDENCE ON A FARM? YES NO XX
one executed within 24 has and campletely filled in remove carban papers in any event, within 72 h	3. NAME OF DECEASED (Type or print)		Middle ershner Dit	to	DATE Month OF DEATH December	
execute d camp move c	s sex Male	,	DIVORCED J	an. 13, 1901	lost birthdoy) Mo	UNDER 1 YEAR IF UNDER 24 HRS Donths Doys Hours Min.
the be ex	during most of working l	(Give kind of work done libb. Kinde, even if retired)	IND OF BUSINESS OR IDUSTRY Onstruction		Wash. Co., Md.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
rentifica playsumavar,		S. Ditto		14. MOTHER'S MAIDEN NAM Margarete G:		
death Itending Imit. 1	1S. WAS DECEASED EVER (Yes_no, or unknown)	If yes give wor or dotes of service)		Dorothy L.	Ditto, 121 N.	onsboro, Md.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by the attending physy on and campletely filled in by the funeral in 3 shauld be detached far use as the burial-transit permit. Then prease remove carban papers Pages I and sed with the State Dept. of Health priar to burial, crematian, or remarkand in any event, within 72 hours after death	Conditions, if ony, rise to immediate stoting the under lost	couse (o),	(a), (b), and (c))	liver-	-	INTERVAL BETWEEN ONSP! AND DEATH
The far attend has by use as use as uth price.	PART II. OTHER SIG	INFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
Page 4 may be retained by the haspital at attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to	OR CONTRIBUTING					
ITAL OR ATENDING PHYS may be retained by the has RAL DIRECTOR: After this ce, page 3 shauld be detache be filed with the State Dept.	20c TIME OF INJU	While	Not While Cock	F OF INJURY (Home, form, bry, street, office bldg , etc.)	20f (City or town)	(County) (Stote)
R ATTENDIN retained by RECTOR: Afte 3 shauld be with the Stc	saw the de	y that (1) (this haspital) atten ceased alive on Wiec C	ded the deceased fram 🕢 19 💪 , and that	death accurred at_		., 19 <i>46</i> , that (I) (we) last I an the date stated above.
OR AT DIRECTO She 3 shoed	220. SIGNATURE	Blold'a	ne mo		D. STAFF PHYS.	22b. DATE SIGNED,
TO HOSPITAL (Page 4 may b TO FUNERAL D director, page shauld be file	22c. PHYSICIAN'S NAME (Type)	G. W. Lie	Van	22d. ADDRESS Be	onstra	and
TO HOSPIT Page 4 m TO FUNERA director, I	230 BURIA, CREMATION REMOVAL (Specify)		23c. NAME OF CEMETERY OR C	metery	23d. LOCATION (City or Town) St. Pauls Wash	
VR A15 (4) 20 M 1/66	24. FUNERAL DIRECTOR John H. Ba	et, Jr. 112 N. Me	ADDRESS	250. REC'D B'		lianes Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17867 17864 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death cian and completely filled in by the funeral ease remove carbon popers. Pages 1 and ond in ony event, within 72 haurs after-death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission). o. COUNTY MARYLAND b CITY OR TOWN (If autside corporate limits, c CITY OR TOWN (If autside carparate limits write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 write RURA, and give nearest town) H gerst un e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS YES NO X NAME OF 4. DATE DECEASED Dec. (Type or print) DEATH IF UNDER 1 YEAR | IF JNDER 24 HRS 9 AGE (In years 6. COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED **NEVER MARRIED** last birthday) WIDOWED 1 DIVORCED Fen.le 12 CIT ZEN OF WHAT 10a USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) COUNTRY? INDUSTRY Hagerstown, Wash, Cty. La Lone Lagaie Downin Gere D. Lovers 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates of service) ro. Hariett Jones, Edd, Hagerson, none no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN IMMEDIATE CAUSE (a) Acutexcoronary occlusion Indefinite (b) Arteriosclerotic heart disease and Conditions, if any, which gave) rise to immediate cause (a), DUE TO hypertensive cardiovascular disease, stating the underlying cause O FUNERAL DIRECTOR: After this certificate hos been age 3 should be detoched for use as the filed with the State Dept. of Health priar to () arteriosclerotic 19 WAS ALTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 11 of Items 18.) 200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form (State) 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg. etc.) 19 61 to Dec. 30 19 60 that (11 (we) last 21 I certify that (1) (this haspital) attended the deceased from ______, 19 50, and that death accurred at M, fram causes and an the date stated abave. 22a SIGNATURE MED STAFF DIRECTOR PHYS 1/2/67 director, page should be filed 148 West Washington Street 22d ADDRESS 22c. PHYSICIAN'S Kneisley, M.D. NAME (Type) Hagerstown, Maryland 23d LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Rose Hill Cemetery 2Sq REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) DATE J. Lea in - wilder ... 4.C. J.



MARYLAND STATE DEPARTMENT OF HEALTH

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1 2 sal	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 17869 CERTIFICATE OF DEATH 17866
r and 2 ter death.	1. PLACE OF DEATH a. COUNTY WASHINGTON WASHINGTON MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY WASHINGTON
s. Pages I	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BIG POOL RURAL
led 72	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOT
completely fil	3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) VIRGINIA FRENCH DYCHE DEATH DECEMBER 26 19 66
an and con e remove in any eve	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years IFUNDER 14 HRS Mon ths Oays Hours Min. FEMALE WHITE WIDOWED DIVORCED AUGUST 13, 1932 34 yrs.
Sician (lease re	10e. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) HOMEMAKER 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME 11. BIRTHPLACE (County & State, or fereign country) COUNTRY? WASHINGTON CO., MARYLAND U.S.A.
ding phy Then premoval,	13. FATHER'S NAME LEONARD HAINES 14. MOTHER'S MAIDEN NAME TRENE MILLER
를 늘 '	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) UNKNOWN MR. LEWIS R. DYCHE R.D.#. 1 BIG POOL, MD.
this light of attending physician. The hospital or attending physician. This certificate has been signed by the attending physician detached for use as the burial-transit permit. They please bept. of Health prior to burial, cremation, or removal, and	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which gave rise to immediate Cause (a) Cause (b) Atta Cayrular glamentlandural Cause (b) DUE TO DUE TO DUE TO DUE TO
or attending attending the has be use as the latter of the prior	underlying cause last. (c) Deatheter melleting 11 gr +
inospital or articate his certificate hisched for use lept. of Health libet.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
After this ce d be detache State Dept.	County C
ECTOR: Aff 3 should b with the St	21. I certify that (I) (this hospital) attended the deceased from deceased from the deceased alive on 1966, that (I) (we) last saw the deceased alive on 1966, and that death occurred alignment of the causes and on the date stated above.
oy be DIRE	22a. SIGNATURE) 22b. DATE SIGNED ATTENDING MED. STAFF 12/28/1966 22c. PHYSICIAN'S 22d. ADDRESS
Page 4 may O FUNERAL director, pa should be fi	NAME (Type) LAWRENCE L. PACKER, JR. M.D. 145 W. WASH. ST. HAGERSTOWN, MARYLAND 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL Specify) 12/27/1966 PARK HEAD CEMETERY WASHINGTON CO., MARYLAND 24. FUNERAL DIRECTOR ADDRESS 1258. REGISTRAR 256. REGISTRAR'S SIGNATURE
VR AI5 (4)	CHARLES M. ROUZER HAGERSTOWN, MARYLAND DATE JAN 3 1867 Judge



CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY 6 COUNTY MARYLAND Wastin b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) ams 0 d. NAME OF HOSPITAL (If not in Rospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO IA NAME OF 4. DATE Middle Last Month Day Year OF DEATH DECEASED /2 (Type or print) MARRIED NEVER MARRIED 7 B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR QR RACE lost b rthdoy) Months Doys WIDOWED | DIVORCED | 12. CITIZEN OF WHAT COUNTRY? 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) NOKE 20050 13. FATHER'S NAME 17. INFORMANT 16. SOCIAL SECURITY NO. INTERNAL BETWEEN CAUSE OF DEATH [Enter only one couse per line (or, (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which (b) gove rise to immediate **DUE TO** couse (a), stoting the underlying cause lost. IBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED (County) (State) Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. While Not while of work of work p. m. 25 1966 that (1) (we) last 21 | certify that (1) (this haspital) attended the deceased from... 49 and that death accurred at 6:49. from the causes and an the date stated above saw the deceased alive an. 220 SIGNAZUR 22b, DATE SIGNED ATTENDING PHYS MED. MD 22c. PHYSICIAN'S 22d. ADDRESS FUNERAL DI NAME (Type) page 3 the State 230 BUR AL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (Stote) 24 FUNERAL DIRECTOR'S SIGNATURE 1 Lage 120 town ADDRESS ANDREW K. COFFMAN 1-unersal Home 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17871 I in by the funeral ers. Pages-F-and 2 72 hours after death. requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY o. STATE Washington Frederick MARYLAND Maryland b CITY OR TOWN (1 outside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) signed by the ottending physician and completely filled in by the burial-transit permit. Then please remave sarbon papers. Pagburial, cremation, or removal, and in any event, within 72 hours, 2 days Mversville Hagerstown Rural e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Washington Co. Hospital Route YES 🐶 NO [3 NAME OF First Middle Lost 4. DATE Day Year DECEASED ELMER RAE FINNEYFROCK December DEATH Type or print DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED TX NEVER MARRIED lost birthday) Hours White Feb.10.1892 Male WIDOWED DIVORCED 12 CITIZEN OF WHAT 10a USUA, OCCUPAT ON (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? Ret. Restaurant operator INDUSTRY. own business Frederick Co. Md 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Harry J. Finneyfrock Georgianna Martin WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Myersville. Md. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 218-30-9816 Mrs.Bertha L.Finneyfrock Rt.#2 IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSEL AND DEATH IMMEDIATE CAUSE (o) Heart failure Page 4 may be retained by the hospital or attending physician. **D. FUNERAL DIRECTOR:** After this certificate has been signed by director, page 3 should be detached for use as the burial-tran should be filed with the State Dept. of Health prior to burial, cren DUE TO Conditions, if only, which gove 6) Arteriosclerotic cardiovascular disease 5 years rise to immediate couse (a), DUE TO stating the underlying couse lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO Pulmonary emphysema 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB) 20g ACC DENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Hour o.m. Not While of work at work 3-29 19 57 to 12-17 19 66 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from_ 12-17 1966, and that death occurred at 1:20 M, from causes and on the date stated above. sow the deceased alive on. 22b. DATE SIGNED 22a SIGNATURE STAFF PHYS. ATTENDING G, M.D. DIRECTOR 12-19-66 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Charles F. Hess. M.D. Smithsburg, Maryland 21783 23d. LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 230 BURIAL, CREMATION REMOVAL (Specify) Burial United Brethern Wolfsville Fred Co. Mo 0 Dec 20 1966 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) Bittle, Myersville, Md DATE F C 20 M 1/66

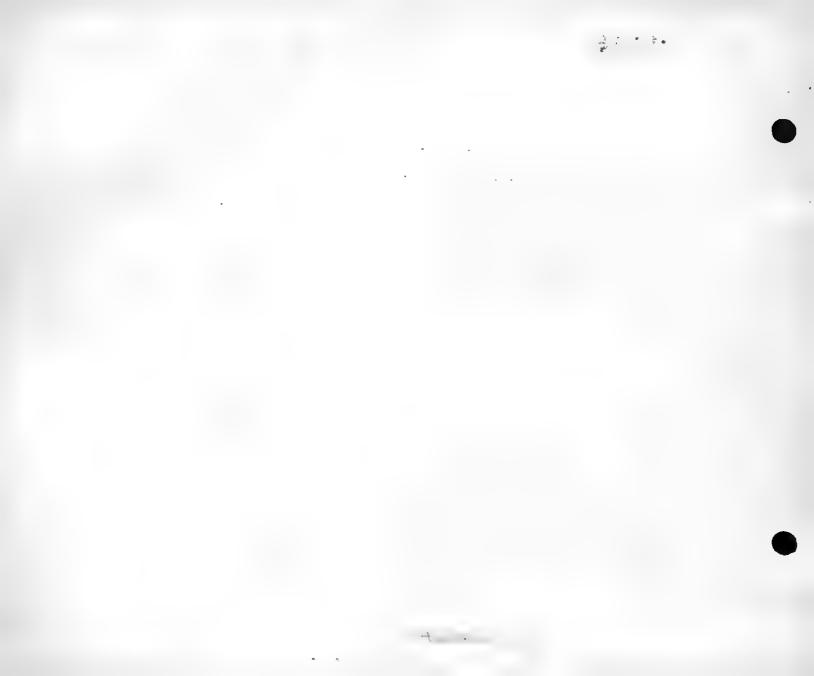


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17872 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. ond completely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE **b.** COUNTY Washington Alleganu Maruland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Flintstone Hanonstown IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Community of Flints tone NO K Western Id. State Hosp. YES NAME OF Midde 4 DATE Month Doy Year DECEASED 1966 DEATH (Type or print) IF UNDER 1 YEAR AGE (in years S SEX 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours White. DIVORCED WIDOWED 7/30/1899 Malo 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 100 USUAL OCCUPAT ON (Give kind of work done 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
Electrician COUNTRY? INDUSTRY Electical Artemas, Penna. \$3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ida Imes Jossa Fletcher 16. SOCIAL SECURITY NO IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ermit (Yes, no, or unknown) (If yes give wor or dates of service) 5 Fletcher Flintstone. Md. 217-10-4869 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART | DEATH WAS CAUSED BY: ONSET, AND DEATH buriol-tronsit IMMEDIATE CAUSE (o) DUE TO signed ! Conditions, if ony, which gove rise to immediate cause (o). DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been S 19. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 8 or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While of work ot work 21. I certify that (I) (this haspital) attended the deceased fram. 1900 1966, and that death accurred at 2:157M, from causes and an the date stated above. saw the deceased alive an - 30 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. 22d, ADDRESS 22c. PHYSICIAN'S Poge 4 moy director, po 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL CREMATION. 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) Hope Cemetery 1/2/67 Antemas 256 REGISTRAR'S SIGNATUR 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 H. Wayne George Cumberland. 11d. DATE

MARYLAND STATE DEPARTMENT OF HEALTH

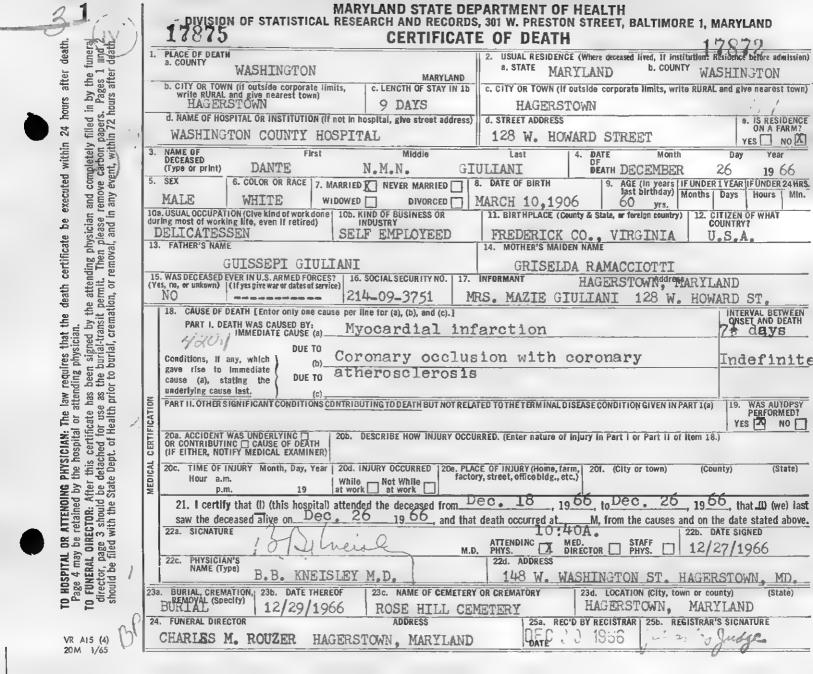
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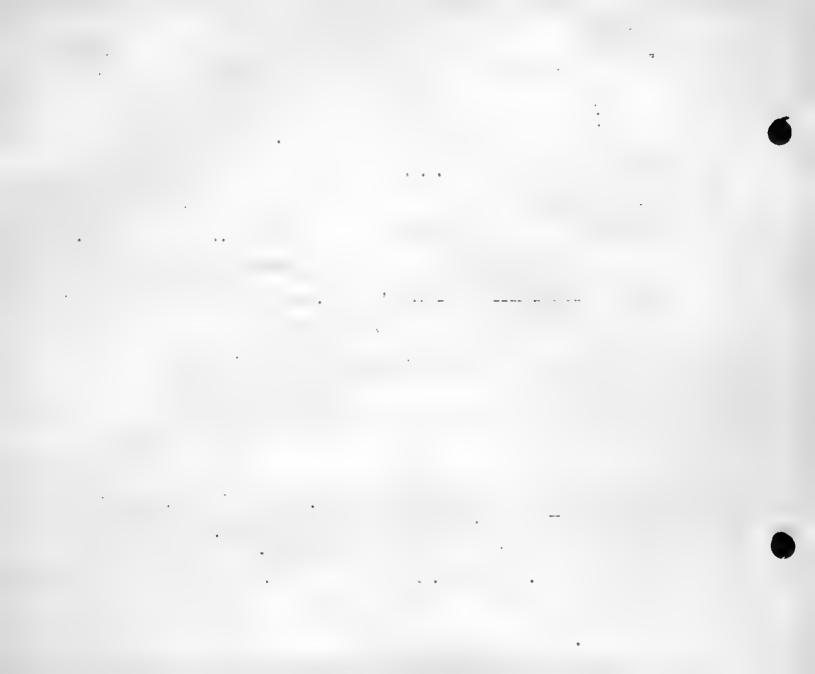
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 17873 HEALTH DEBT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admiss only o. COUNTY o STATE **B** COUNTY death. Washington Pennsulvania MARYLAND b CITY OR TOWN (if outside corporate limits, c LENGTH DE STAY IN 16 CITY DR TDWA (If outside corporate limits, write RURAL and give nearest town) Dud write RURAL and give nearest town) after Benderwille d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RES DENCE hours ON A FARM? Brook Lane Psychiatric Center YES NO T Box 312 8 Give Pages NAME OF Middle 4 DATE Month Year DECEASED Catherine Galusta 16 December 19 66 (Type or print) DEATH withi 8 DATE OF BRID IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE Z. MARRIED NEVER MARRIED AGE (In years tast o rthdoy) Months 10/2/24 Dovs Hours White Temale WIDOWED D-VORCED. event C~1 11 BIRTHPLACE (State or foreign country) 10p. USUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Mt. Reiner. Md. ony Housewife **Examiners** pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME = Ruth Burch Daniel Gainus IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. should be executed (Yes, no, or unknown) (If yes give wor or dates of service) or removal, Mr. Richard Galusha Bendersville, Pa. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) } buriol-transit PART I, DEATH WAS CAUSED BY Brain stem compression IMMEDIATE CAUSE (o) writing the word cremation, DUE TO cerebral edema Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 0 1-2 years tumor of right parietal lobe used os burial, PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? YEQ X NO ⊕ Q.7 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) agent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20e PLACE OF INJURY (Home, form, (City or town) 20c. T.ME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED foctory, street, office bldg, etc.) Not While ot work designated 21. I certify that I took charge of the remains described above, held an Autopsy [30] Inspection Inquity [and in my opinion FUNERAL DIRECTOR: Notatal couses X. Accident death resulted fram: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER Muh ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 580 Northern Ave. O DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) Hagerstown 5 moy h Howard N. Weeks. M.D. NAME (Type) 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Erry or Town) (County) Buriel Specify Hill Crest McMoria) ADDRESS 24. FUNERAL DIRECTOR VR A15ME (5) Rest Haven Funeral Chapel 6M 1/66



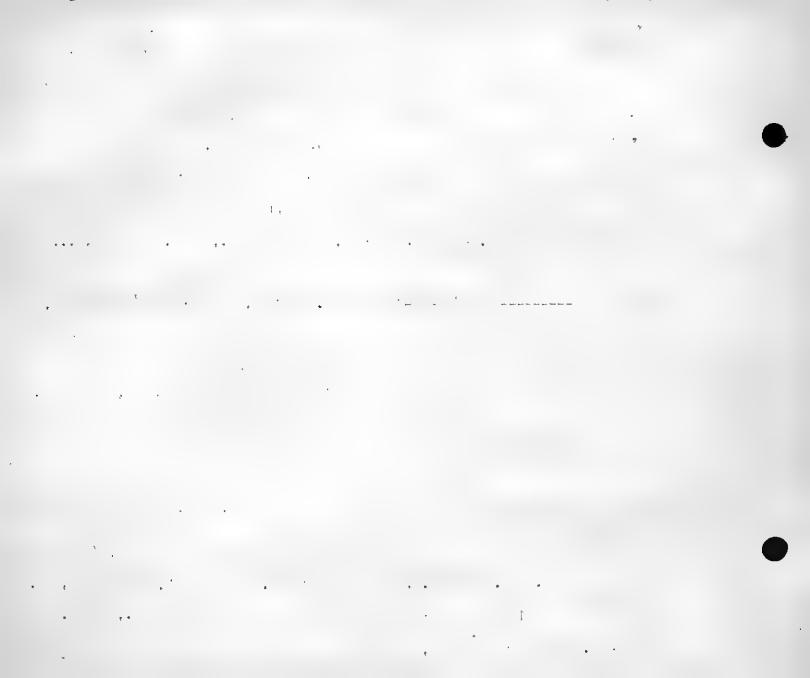
MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. 24 hours after death, PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. CDUNTY Washington Maryland Washington MARYLAND b. CITY DR TOWN (if outside corporate limits. c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DE STAY IN 1b write RURAL and give nearest town) Williamsport vrs. .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) B. IS RESIDENCE d. STREET ADDRESS ON A FARM? #14 E. Potomac Street 14 E. Potomac Street YES NO NO Э. NAME DE First Middle Last DATE Month DECEASED event, Lawis Cunningham (Type or print) Gavlor DEATH Dec. 19 66 гетоуе SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED X NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months | Days Hours any Male White WIDDWED [DIVDRCED [1906 .= 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. INDUSTRY CDUNTRY? Labor Tannery Virginia U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clarence Annie K Gaylor Cunningham 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYND. 17. INFORMANT E. Pottomac (Yes, no, or unkgwn) | (If yes give war or dates of service) 7364 Susan Williamsport World War Mrs. Gaylor 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (a) Minute been Signification the burial, 1001 DUE TD Conditions, if any, which U/Cavs gave rise to Immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. certificate h hed for use t. of Health PERFORMED? ssential "neuTensin ND TO YES 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part || of Item 18.) tached f Dept. of OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from March 19 66. that (i) (we) last _, and that death occurred at 4 AM, from the causes and on the date stated above. saw the deceased alive on_Oct. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING DIRECTOR PHYS. director, p 22c-PHYSICIAN'S 22d. **ADDRESS** Hagerstown Spencer Prospect Ma BURIAL, CREMATION, 23b. DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMDYAL (Specify) 2 -66 Hill Cemeterv Maryland Dec. ose Hagerstown Burial 24. FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE DATE DEC 9 1966 Leaf Williamsport Md. VR A15 (4) 20M 1/65







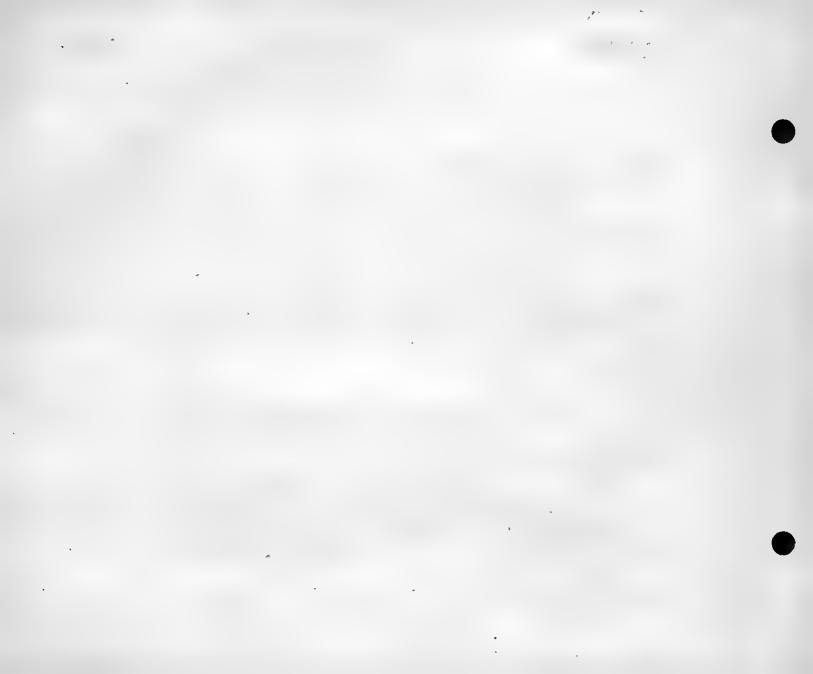
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY rilled in by the fu papers. Pages 1 d hin 72 hours after o b. COUNTY WASHINGTON MARYLAND MARYLAND WASHINGTON CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN HAIDIDK HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? WASHINGTON COUNTY HOSPITAL 1240 WAYNE AVE. No X completely to ve carbon po event, within be executed within NAME DE First Middle Last 4. DATE Month Dav Year DECEASED FRANK (Type or print) ROBERT GOLDSTROM DEATH 19 66 DECEMBER and con remove 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Min. 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED MALE 68 WIDOWED * DIVORCED . 1898 physician are please related wal, and in a 10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? RETTRED PRODUCTTON MGR. BLUE PRINTING ALLEGHENY CO. PENNA. U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph rmit. Then remova JOHN GOLDSTROM EVA STROMBURG 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HAGERS TOWN been signed by the attent the burial-transit permit. It to burial, cremation, or I MARYLAND (Yes, no. or unknwn) (If yes hive war or dates of service) NO MRS. BETTY J. LEFEVER 1240 WAYNE CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSETIAND DEATH 1. DEATH WAS CAUSED BY: the hospital or attending physician. ulks IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health i PERFORMED? certificate NO [YES 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1) of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 2Df. (City or town) (County) After to the de of the State | Hour a.m. Not While at work at work p.m. PITAL OR ATTENDIO 4 may be retained DIRECTOR: A 19 65 to 21. I certify that (I) (this hospital) attended the deceased from 1966 and that death occurred at. saw the deceased alive on _M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR director, page should be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) EDSON B. MOODY M.D ISHAHAL EREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 ALLEGHENY CO., PENNA. CEMETERY REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS CHARLES M. ROUZER VR A15 (4) HAGERSTOWN. 20M 1/65



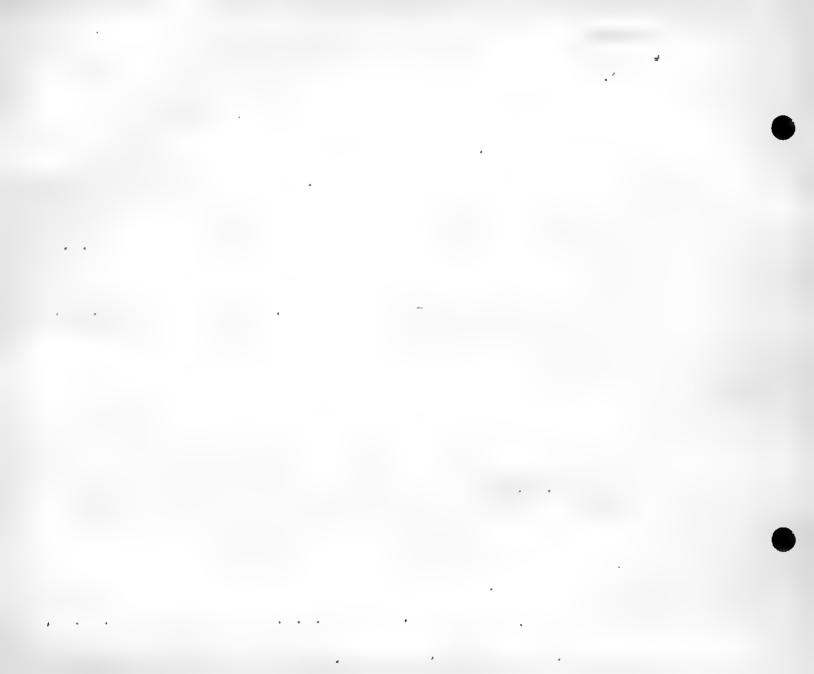
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after deoth death funeral 1 ond PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY potety filled in by the functoring papers. Pages 1 overt, within 72 hours after d MARY) AND snin. b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) Yng Hagerstown IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Po toward YES NO. NAME OF 4. DATE Month Year Last DECEASED Dac FY DEATH 19 (Type or print) the attending physicion ond argoring sit permit. Then please regione S. SEX AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthdov) Hours DIVORCED WIDOWED and in any 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY acusewire arer a town 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayo rfc 17. INFORMANT 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. AVS (Yes, no, or unknown) (If yes give war or dates of service signed by the attent buriol-transit permit burial, cremotion, o 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) INTERVAL BETWEEN ONSET AND DEATH Page 4 may be retoined by the hospital or ottending physician. DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO er this certificate has been single detached for use as the bate Dept. of Health prior to be stating the underlying couse last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While While ot work ot work TO FUNERAL DIRECTOR: After å 1946 ta/2-17 2]. I certify that (I) (this hospital) attended the deceased from 1/-13 poge 3 should be filed with the and that death accurred at 6 A. M. fram causes and an the date stated above. 1966 saw the deceased alive an 12 22b. DATE SIGNED 22a. SIGNATURE ATTENDING M.D. PHYS DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 998 Potomac Avenue Hacerstown director, should I 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION. (County) REMOVAL (Specify) ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE D

MARYLAND STATE DEPARTMENT OF HEALTH



1	1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		17879 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
oth If any delay is ages 1, 2, and 3 to HTPBH form PM3. Page HTPBH Stote Deportment of the page 2 hours offer reads	1	PLACE OF DEATH a. COUNTY Washington MARYLAND MARYLAND D C LENGTH OF STAY N Ib write RURAL and give nearest town) C LENGTH OF STAY N Ib write RURAL and give nearest town)
uny dellary dellary dellary dellary dellary and m PM3.		Hagerstown 20 days Rural - Myersville d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress) d STREET ADDRESS e S RES DENCE ON A FARM?
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be executed wi "pending" in po- nief Medical Exo- nist permit. Fige- or removal, and	IS (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 14-32-3911 Virgil A. Harne, Myersville, Md. Rt.
the should be end the word "per do to the Chief o burial-transit cremation, or re		IB. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if only, which gove isse to immediate cause (a), stoling the underlying couse (b) (c) INTERVAL BETWEEN ONSET AND DEATH Traumatic rupture (b) of 3rd portion of Duodenum with peritonitis of the underlying couse (b) (c)
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DEPUTY MEDICAL EXAMINER: T sessory, please execute the certificate funeral director. Page 4 should b may be retained for your files. FUNERAL DIRECTOR: Page 3 should ealth or its designated agent, prior		death resulted fram: Natural causes, Accident, Suicide, Homicide, Undetermined manner
EPUTY ssory, funerol by be NERAL		SIGNATURE dward W. Ditto III ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER L2-6-66 Address (Street, city, town, or county)
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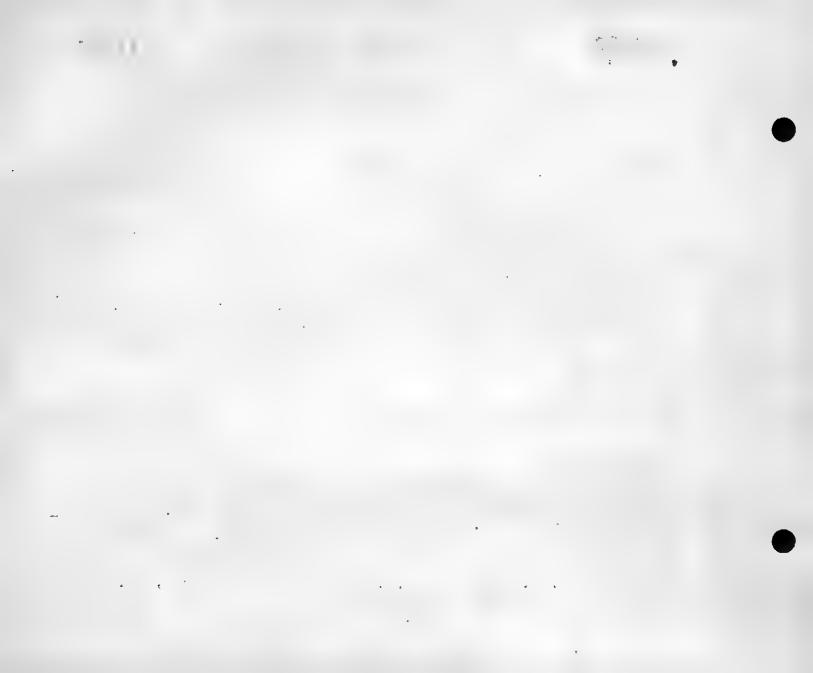
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) . COUNTY Maryland b. COUNTY by the and 2 death/ Washington Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give neerest town) E Sandy Hook Life Sandy Hook d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM Residênce Main Street papers. No 🔼 2 3. NAME OF First Middle 4. DATE ANNA ETHEL. HARRISON December (Type or print) DEATH 66 19 withi carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. and Female White Oct. 19, 1886 WIDOWED A DIVORCED physician remove 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) Own Home Jefferson, Maryland USA please .5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Victor Shaff Lillie Elsworth Delauder 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes give werer detes of service) Mrs. Gladys Harrison, Knoxville, Md. 21758 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause **DUE TO** (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS'S 98 CERTIFICATION PERFORMED? NO 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING () CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm. ! (Siele) factory, street, office bldg., etc.) While Not While Hour a.m. DIRECTOR: at work p.m. attended the deceased from..... saw the deceased 22s. SIGNATURE 22b. DATE ATTENDING MED STAFF SIGNED FUNERAL PHYS. DIRECTOR M.D. 22d. ADDRESS 22c, PHYSICIAN'S ector, NAME (Type) P. Pruitt Brunswick, Maryland Pelis 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Se dio REMOVAL (Specify) Burial 12/17/66 Virts Cemetery Sandy Hook, Maryland FUNERAL DIRECTORS **ADDRESS** 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE arpers Ferry, W.Va. VR A15 (4) 20M 5-63



1 PLACE	OF DEATH		CERTIFICA	TE OF DEAT	ICE (Where deceased lived,	If fastitution, Paristan	O f O
b. CITY	Washington		MARYLAND	. STATE Mary		Washing	
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	of Hospital or Institution	(if not in hor	pilal, give street address)	d. STREET ADDRESS			IS RESIDENCE ON A FARAN?
				Main Str			YES NO
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5. SEX		E 7. MARRIE	C LITETER MARKED	. DATE OF BIRTH	9. AGE (In year	ers IF UNDER 1 YEAR	IF UNDER 24 HRS.
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13. FATHER				14. MOTHER'S MAIDEN			
	muel Marcellus F				Ann Long		
15. WAS DI	CEASED EVER IN U.S. ARMED FO unkown) (Ifyasg vawer ordateso NOTICE	fsarvice),	3.6.	NFORMANT		ress RFD# 2,	Knoxville Md.
		10.	. 03 2070	s. Gladys Sl	noemaker		
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21. [ertify that (I) (this hosp	ital) pten	ded the deceased from.	100.24	10.6 10 Jec		that (I) (we) las
	ne deceased alive on 2	2	19 L and that	death occurred	M, from the cause	and on the dat	
22e. 5	GNATURE	2	-7 7	ATTENDING L	MED STAFF _	10	22b. DATE 1/8/66 SIGNER
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		ER EO E	23c, NAME OF CEMETERY	OR CREMATORY	23d, LOCATION (City,	lown or county)	(State)
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Buri	L_(Specify) "		Virts Cemetery	7	Sandy Hook		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17882 The law requires that the death certificate be executed within 24 hours after death. deoth. the attending physicion and completely filled in by the funeral sit permit. Ther please remove carban papers. Pages I and 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. CQUNTY **b.** COUNTY b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) washin. ton MARYLAND pleose remove carban papers. Pages 1 Sond in any event, within 72 hours after c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Yrs Huger stown d. STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) 1.36 Ravenswood Pavens Toca Hats YES NO TO 3 NAME OF DATE Month First Dov DECEASED OF DEATH 1966 Lec (Type or print) AGE (In years last hirthday) IF UNDER 1 YEAR | IF ... NDER 24 HRS S. SEX DATE OF BIRTH 6. COLOR OR RACE **NEVER MARRIED** 7. MARRIED Hours June 11 BIRTHPLACE (County & State, or foreign country) 77 12 CIT ZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) Henry and fe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Duvall Susan Grove or rend 17. INFORMANT Address 16 SOCIAL SECURITY NO Fu. 217-52-7556 Larion G. Heatrols Soul wardstone cremotion. NTERVAL BETWEEN ONSET AND DEATH TROOT OF TY CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c))
PART I DEATH WAS CAUSED BY: Pictsours Pa. Long burial-transit Cerebral arteriosclerosis with cerebral IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital or attending physician. thrombosis DUE TO burial. Conditions, if any, which gove rise ta immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been with the State Dept. of Health priar to for use as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION NO DE 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 3 should be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (County) 20c TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Not While at work 21. I certify that (I) (this haspital) attended the deceased fram July saw the deceased drive an Dec. 9 166, and that death toDec. 19 66hat (1) (we) last M, fram causes and an the date stated above and that death accurred at 22b. DATE SIGNED 22a, SIGNATURE STAFF 12/10/66 DIRECTOR M.D. director, page 3 should be filed v 22d ADDRESS 148 West Washington Street 22c PHYSICIAN'S NAME (Type) Kneisley, M.D. Hagerstown. Md B. 230 BURIAL, CREMATION, REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE THEREOF H.ven Calet 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR 1966 Andrew K. Coffman Euneral Hous Ing DATE 20 M 1/66



1			MARYLAND STATE DEPARTMENT OF HEALTH
	State	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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cute plet		3.	NAME OF First Middle Last 4. DATE Month Day Year DECEASED
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e de lend en p			WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 174 INFORMANT Address
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r thank		-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]
A b			PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Diabetes Several years
red phy phy igne isit			260X DUE TO
ling en s Ltra			Conditions, if eny, which \ (b) Arteriosclerotic Cardio Vascular Disease
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EMI stain o de		¥	p.m. 19 of work at work
A P P P P P P P P P P P P P P P P P P P			21. I certify that (I) (this hospital) attended the deceased from 2-15 1966, to 12-30, 1966, that (I) (we) last
Stat			saw the deceased alive on. 12-30
the 33			ATTENDING MED. STAFF SIGNED
RAI RAI	,		22c. PHYSICIAN'S
HOSPI sth. Pa FUNE: sctor, p			Dr. E. W. Ditto, Jr215 W. Washington St., Hagerstown, Md.
FU FU	,	232	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. (OCATION (City, town or county)
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VR A15 (4)		24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REGISTRAR'S SIGNATURE
15M 7 61		_	Clib, Munich Greencaste Penna, DATE JAN 3 1967 Lander Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17884 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) completely filled in by the funeral love carbon popers. Poges Irand b county Washington o. COUNTY o. STATE Washington Marvland MARYLAND b CITY OR TOWN (If outside corporate imits, c LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write_BURA_ and give nearest town) popers. Pog hin 72 hours 44 Hagerstown years Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENC event, within 72 ON A FARM? 440 Belevedore Rd. Washington County Hospital YES NO 4. DATE 3 NAME OF Middle Month remove carbon First Lost Day Year DECEASED 1966 Henninger December Marie Elizabeth (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 8. DATE OF BIRTH AGE (n years 6 COLOR OR RACE 7 MARRIED XX **NEVER MARRIED** birthdoy) Months Hours 10-12-22 female white WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** please ond Hagerstown, Md. home physici 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pays removol. Etha E. Gruber Ira Thurman, Sr. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service cremation, or 217-12-2183 Ray K. Henninger Hagerstown, Md. no NIERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per signed by the burial-tronsit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gove rise to immediate cause (o). DUE TO stating the underlying couse os the O FUNERAL DIRECTOR: After this certificote hos been lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? CERTIFICATION NO CH YES [둳 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) Not While ot work at work 21 I certify that (1) (this haspital) attended the deceased fram. Page 4 moy be retained 19 66 and that death accurred at 5.35 m, fram causes and on the date stated above. saw the deceased aliveran 22b. DATE SIGNED 22a. SIGNATURE director, page 3 should be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S 136 Potomac StreetHagerstown, Md NAME (Type) J. Boyer. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) PENOAT (Secutiv) 12-9-66 Rose Hill Cemetery Hagestown. Md. 25b REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) Minutes Judg 20 M 1/66 Minnich Funeral Home Hagerstown. Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17885 CERTIFICATE OF DEATH death CV and 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission completely filled in by the funeral tove corbon papers. Pages 1 and PLACE OF DEATH o. COUNTY b. COUNTY WASHINGTON MARYLAND MARYLAND b CITY OR TOWN (If outside corporate limits C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town ond give nearest town) hours HILLSIDE 11MOS. IS RESIDENCE d. STREET ADDRESS d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) ON A FARM? WESTERN MARYLAND HOSPITAL 5604 0. STREET YES NO X within requires that the death certificate be executed within 3 NAME OF 4 DATE Month remove torbon Yequ DECEASED OF Dec no 1966 (Type or pont) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours FEMALE WIDOWED DIVORCED WHITE 20, 1882 and 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote or foreign country) 100 USUAL OCCLPAT ON (Give kind of work done U.S.A. UNKNOWN during most of working life, even if retired) UNKNOWN ase PENNSYLVANIA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME SYLVESTER GLAESNER RACHEL SHALER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no or unknown) (If yes give wor or dotes of service 0 577-34-6861A WELFARE BOARD HAGERSTOWN, MARYLAND cremotion. INTERVAL BETWEEN signed by the c buriol-transit p 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) physicion DUE TO Conditions, if only, which gove rise to immediate couse (a) DUE TO stoting the underlying couse ottending this certificate has been the last. SD PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION Heolth YES MO be retoined by the hospital or ρ 20o ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 90 detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While Stote [of work ot work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram. 1966, to 12-4 should and that death accurred at 120PM, fram couses and on the date stated above. saw the deceased olive on 6 19 DATE SIGNED 22b. 220 SIGNATURE ATTENDING DIRECTOR director, page 3 should be filed v PHYS. **ADDRESS** 22c. PHYSICIAN'S NAME (Type) 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE THEREOF 23r. NAME OF CEMETERY OR CREMATORY (County) BIREMOVAL (Specify) 12/15/1966 ROSE HILL CEMETERY HAGERSTOWN MARYLAND REGISTRAR'S SIGNATURE ADDRESS 250 DATE REC'D BY REGISTRANG 24. FUNERAL DIRECTOR VR A15 (4) ROUZER 20 M 1/66 HAGERSTOWN

24 hours ofter death

A

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17886 requires that the death certificate be executed within 24 hours after death. physician ond completely filled in by the funeral empleases I and 2 and 2 and in any event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. STATE Maryland o. COUNTY Hashington P COUNTY Washington MARYLAND b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Hagerstown z LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D. O. A. Hagerstown d NAME OF HOSPITAL OR INSTITUTION ()E not in hospita, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 142 East Ave Washington County Hospital YES NOTY Middle DATE NAME OF First Lost Year DECEASED Higgs December 31, Carl 66 Amo s DEATH 8. DATE OF BIRTH AGE (In veors FE UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Doys Hours Male White WIDOWED DIVORCED Sept. 20.1894 12 CITIZEN OF WHAT 10a USUAL OCCUPAT ON (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during roost of working life, even if retired) **COUNTRY?** IND. STRY Aircraft Leaksville, Virginia Plumber 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph B. Higgs Senora Cave signed by the attending burial-transit permit Addasperstown, Md. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, ng, or unknown) (If yes give wor or dates of service Mrs. Ethel L. Higgs, 142 East Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) **DUE TO** erotic Heart Disease. Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse Poge 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been 計 lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detoched for use te Dept. of Health NO TO YES 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While of work of work þe 21. I certify that (I) (this haspital) attended the deceased from Jan and 1965, to 520.3/, 1966, that (I) (we) last saw the deceased alive an 520.3/ 1966, and that death occurred at 6200 M, from causes and an the date stated above. director, page 3 should should be filed with the saw the deceosed alive an DEC 2 220 SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. 22d. ADDRESS 22c. PHYSIGAN'S NAME (Type) phitown 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) (Stote) 230 BURIAL, CREMATION, 23b. DATE THEREOF ELIP THE Specify) 1- 3- 67 Rose Hill Cemetery Hagerstown, Md. 25b REGISTRAR S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 John H. Bast, Jr. 112 N. Main St. Boonsboro, Md DATE JAN 5



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17887		CERTIFICATE	OF DEATH	1'	7884					
1 PLACE OF DEATH 0. COUNTY W	-1-4		CTATE '	Where deceased lived, if institution: Resider						
IV 61	shington	MARYLAND		Id. B. COUNTY W	ash.					
b CITY OR TOWN (If ou write RURAL and giv	tside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	itside corporate limits, write RURAL and g v	ve neorest town)					
Hagerstow	n	43 years	Hagersto	own						
		ospital, give street address)	d. STREET ADDRESS		B IS RESIDENCE ON A FARM?					
Washingto	n County I	Ho spital	240 Mea	ley Pwky.	YES NO					
3 NAME OF	First	Middle	Lost	4. DATE Month	Doy Year					
(Type or prat) Dr.	Raymond	Moorhead	H111	OF DEATH December	3, 19 66					
S SEX 6	COLOR OR RACE 7 M	ARRIED NEVER MARRIED 8	DATE OF BIRTH	9 AGE (In years IF JhDER last birthday) Months						
male w	hite w	DOWED DIVORCED	Jan. 16, 1	AGE (In years IF UNDER 1899 Months Months	Doys Hours Min.					
10a, USJAL OCCUPATION (G	e kind of work done	106 KIND OF BUSINESS OR	11 BIRTHPLACE (County		ITIZEN OF WHAT OUNTRY?					
during most of working life.	cing	Chiropractic	Beechswo	ood, Penna.	DUNIK! f					
13. FATHER S NAME			14. MOTHER'S MAIDEN	NAME						
Rev	. George F	Hi11		Eula Manett						
IS. WAS DECEASED EVER IN	U.S ARMED FORCES?		INFORMANT Address							
(Yes, no, or unknown) (If y	es give war of dates at servi	° 219-20-3227 1	Mrs. Vinor	na Hill, Hagerst	own, Md.					
18 CAUSE OF DEATH	(Enter only one cause per				INTERVAL BETWEEN					
PART I. DEATH W	'AS CAUSED BY: . IMMEDIATE CAUSE (0)	Carebral T	hombo	212	ONSET AND DEATH					
332X	DUE TO	1								
Conditions, if ony, whi		H-Pertenai	VC- VASC	DISSZIA TELU	2-414					
nse to immediate co stating the underlyin	use (o), (Due to				'					
last.	(c)_									
PART II. OTHER SIGNIF	ICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY					
200 ACCIDENT WAS JIM					PERFORMED? YES NO					
200 ACCIDENT WAS JN	DERLYING []	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in	Port I or Port 11 of item 18.)						
OR CONTRIBUTING CO										
20c TIME OF INJURY			E OF INJURY (Home, form		ounty) (Stote)					
Hour o.m	19	While Not While of work factor	ory, street, office bldg., etc.							
	21. I certify that (I) (this haspital) attended the deceosed from 12 c - 2 , 19 (c), to, 19, that (I) (we) las									
sow the deced	sow the deceased olive an19, and that death accurred at M, from causes and on the date stated above									
220 SIGNATURE	1	1		22b. [DATE SIGNED					
1 Ness.	M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. D /2/5/66									
22c PHYSICIAN'S	. 1. 1/Y	11 11 5.5	22d. ADDRESS	2 1 - 1-						
NAME (Type)	11076 A	· Hotiman	1214 N.	Butonisc at	gib					
230 BURIAL, CREMATION,	23b DATE THEREOF	23c. NAME OF CEMETERY OR C	CREMATORY	23d. LOCATION (City or Town)	(County) (State)					
REMOVAL (Specify) Durial	12-6-19	66 Rest Haver	Cemetery	Hagerstown, M	ld.					
24. FUNERAL DIRECTOR		ADDRESS	2So. REC	D BY REGISTRAR 256 REGISTRARYS.	SIGNATURE Judge					
Minnich	Funeral Ho	me. Hagerstown.	Md DATE	DEC 9 1966 fcm	0					

Minnich Funeral Home, Hagerstown,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attendance by sician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 2 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after depth.



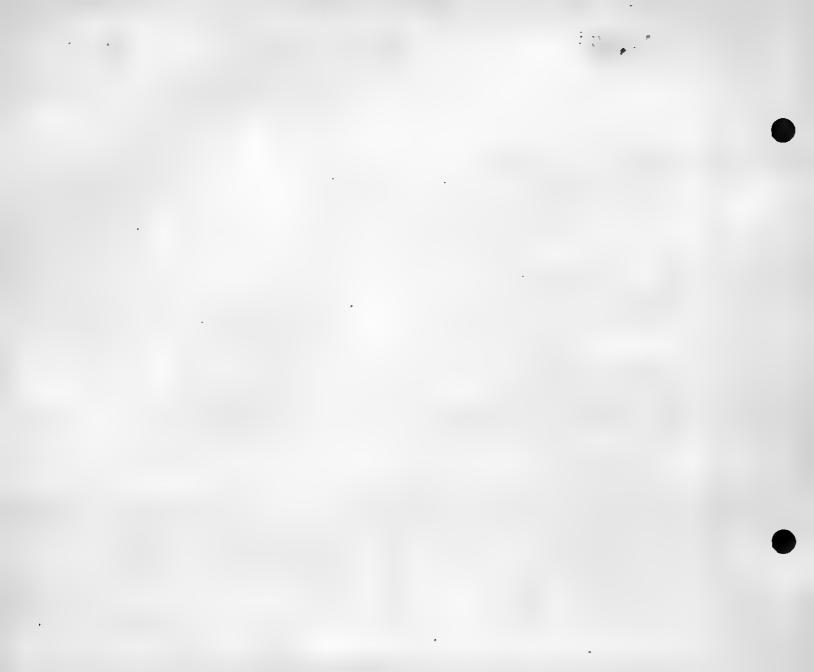
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 CERTIFICATE OF DEATH 17888 The law requires that the death certificate be executed within 24 hours after death. campletely filled in by the funeral nave carbon papers. Pages 1 and 2 naves after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Washington o. STATE Maryland L COUNTY Washington MARY! AND b CITY OR TOWN (If outside corporate fimits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Rural Keedysville Rural Keedvsville Rfd. 1 3 Months d. STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Churchey Rd. Churchev Rd. YES X NO NAME OF 4 DATE Middle Lost Day Year DECEASED Holmes December 17. 66 Joyce Lavare DEATH 19 (Type or print) IF UNDER I YEAR I IF UNDER 24 HRS. B. DATE OF BIRTH 9 AGE (In years S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED remove birthday) Months Days Hours in any April 11,1925 DIVORCED WIDOWED Female White and BIRTHPLACE (County & State, or foreign country) 1Do USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 12 CITIZEN OF WHAT please **COUNTRY?** during most of working life, even if refired) INDUSTRY the attending physician sit permit. Then please Front Royal, Virginia S. A. Own Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remayal, Basal Gilbert Nell Payne 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes no or unknown) (If yes give wor or dotes of service) Mr. Bruce F. Holmes, Keedysville Rfd. 1, Md. None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by physician. DUE TO Conditions, if only, which gove nse to immediate couse (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the af Health priar ta lost. WAS AUTOPS)
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) USE NO YES the haspital ar Ę 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20e PLACE OF INJURY (Home, form, (City or town) (County) TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED foctory, street, office bldg. etc 1 Not While at work ot work Page 4 may be retained by þę 21. I certify that (1) (this hospital) attended the deceased from hises-19.6 , that (I) (we) lost shauld M, from couses and on the date stated above. and that death occurred at saw the deceased alive on. 220 SIGNATURE 22b DATE SIGNED ATTENDING director, page 3 shauld be filed v M.D. PHYS DIRECTOR PHYS 22d ADDRESS PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) 12- 20- 66 Samples Manor Cemeterv Samples Manor Wash. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR VR A1II (4) 20 M 1/66 John H. Bast, Jr. 112 N. Main St. Boonsboro, Md DATE DEC 2



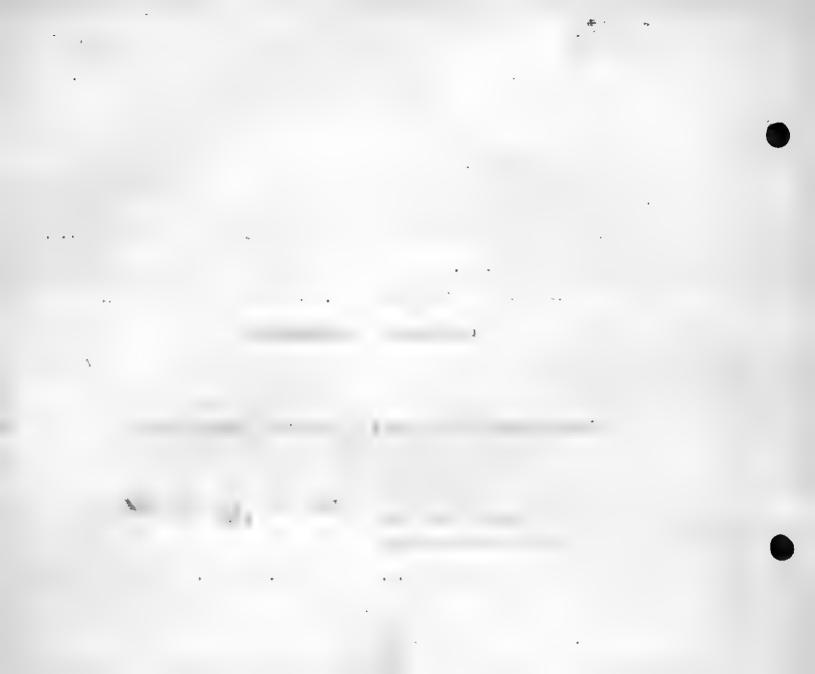
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, if institutum, deducted before admission) death. requires that the death certificate be executed within 24 haurs after death. completely filled in by the funeral move carban papers. Pages 1 and try event, within 72 haurs after death 1. PLACE OF DEATH p. COUNTY a. STATE b. COUNTY Washington Md. MARYLAND c. CITY OR TOWN (If autside carporate limits, write RURAs and give nearest tawn) b CFTY OR TOWN (If autside carporate limits, CLENGTH OF STAY IN 16 write RURAL and give nearest town)
Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? Washington Counlty Hospital 72 Wayside Ave. YES NO 3 NAME OF Middle 4 DATE Manth Day Year DECEASED Mildred Hose Louise 27 19 66 December (Type or print) DEATH S. SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years # UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED X NEVER MARRIED ast birthday) Days Hours white Nov. 25, 1907 female WIDOWED DIVORCED IDo JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if ret red) INDUSTRY COUNTRY? Sleepy Creek, W. Va. general house work 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James H. Rockwell Nora Biggs 17 INFORMANT IS WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (if yes give wor or dates af service) 218-38-1859 Simon Hose, Hagerstown, Md. r use as the burial-transit pealth priar to burial, crematic 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause be retained by the hospital ar attending lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) of Health p YES -NO this certificate 200 ACCHEENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (State) Hour p.m. factory, street, office bldg., etc.) Not While at wark O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram / 31. . 1966 . that (1) (we) last ______1966, and that death occurred at 65 M, from causes and an the date stated above. saw the deceased alive an 12 - 27 22a SIGNATURE 226. DATE SIGNED ATTENDING M.D. 22d ADDRESS 22c PHYSICIAN'S NAME (Type) director, should 23g. BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) 12-30-66 Rose Hill Cemetery Hagerstown, burial 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 N Minnich Funeral Home, Hagerstown, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17890 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased fived, if institution signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages I and burial, cremation, == =maoval, and in any event, within 72 haurs after deaf PLACE OF DEATH o. COUNTY **b.** COUNTY MARYLAND ash n ton b CITY OR TOWN (If autside carparate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Mos Hagerstown d STREET ADDRESS ø IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Hotel Hamilton Hotel NO D NAME OF 4. DATE Lost У ваг DECEASED (Type of print) DEATH Dec 9. AGE (n years IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH **NEVER MARRIED** lost birthday) Fe. WIDOWED DIVORCED Th. BIRTHPLACE (County & State or foreign country) ... 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a, USJAL OCCUPATION (Give kind all work dane during most of working life, even if retired) Phil washuhiu 14. MOTHER S MAIDEN NAME 13. FATHER'S NAME Lettie Bertolini James Bertolini WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, pa ar unknown) (If yes give wor ar dates of service) James Hotel Haman ton INTERVAL BETWEEN gersto 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART ! DEATH WAS CAUSED BY: Coronary IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave erio sclerotic rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar ta WAS AUTOPS)
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO W DISERSE -INEC 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Hame, farm, 20c TIME OF INJURY Month, Day, Year Hour a.m. 20d INJURY OCCURRED (City or town) (County) (Stote) factory, street, affice bidg., etc.) Not While at work at work 21. I certify that (I) (this haspital) attended the deceased from A3 Fil , 19 64, to 10 0 C# 19 , 1966, that (1) (xe) last 3 should 19.66, and that death occurred at _____M, from causes and on the date stated above. saw the deceased alive an hoc - 19 22b. DATE SIGNED 22a SIGNATURE ATTENDING PHYS. STAFF PHYS. MED. DIRECTOR M.D. 22d ADDRESS 22c. PHYSICIANS NAME (Type) man DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL CREMATION. REMOYAL (Specify) Cemetery Lungrate to "n se Hi 250 REC'D BY REGISTRAR DEC 27 196 **ADDRESS** 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Hagerstown 1566 VR A15 (4) Collingn Funeral Hene



	•	1 (M)			_	MAI CAL RES	EARCH AND R	RECORDS	ARTMENT OF ARTICLE	N STREET	H r, baltimori	E 1, MARY	LAND	
	#	E 2 =	_	1.789	4		CEKII	FIGAT	E OF DEAT			7888		
	dea	funer and r deat	1.	PLACE OF DEATH	1				2. USUAL RESIDEN	CE (Where deci			e before ad	mission
	2	the fges 1 after			WASHINGTON	Į.	M	ARYLAND	a. STATE M	ARYLAND	b. COUNTY	WASH	ENGTO	N
	aff	y the ges]		b. CITY OR TOW	N (If outside corpora and give nearest tow	te Ilmits,	c. LENGTH OF S		c. CITY OR TOWN (I	f outside corp	orate limits, write	RURAL and g	lve neares	t town
	E S	s. Pag hours		HAGER		ni)	7 DAYS	3	HAG	ERSTOWN		21.		
	24 hours after death	filled in papers. In 72 hou		d. NAME OF HOS	SPITAL OR INSTITUTION	ON (if not in			d. STREET ADDRESS				e. IS RESI	DENC
				WASHIN	GTON COUNTY	HOSP:	ITAL		1150 KUHN	AVENUE			ON A F	NO .
	certificate be executed within	completely ve carbon event, with	3.	NAME OF DECEASED	FI	rst	Middle		Last	4. DATE	Month	Day	Yea	٢
	*	completel ve carbon event, wit		(Type or print)		ROTHY	ELIZA	RETH	JONES	DEATH	DECEMBER			66
	ite		5.	SEX	6. COLOR OR RACE	7. MARRIE	DE NEVER MAR	RIED 🔲 📑	DATE OF BIRTH	9.	AGE (In years IF last birthday) M	UNDER 1 YEAR		
	xeci	n and co remove in any ev	_	EMALE	WHITE	WIDOWE		CED 🔲]	MARCH 10, 1	924	42 yrs.	onths Days	Hours	Min.
	4D	in an a	10:	. USUAL OCCUPAT	ION (Give kind of work ing tits, even if retire	done 10b.	KIND OF BUSINESS INDUSTRY IRCRAFT	OR	11. BIRTHPLACE (I	ounty & State,	er foreign country)	12. CITIZEN	OF WHAT	
4		physician n please val, and in		RIVETER	and they break it latter	A.	INCRAFT		WASHINGT	ON CO.,	MARYLANI	COUNTR	S.A.	
	Se J	phy n pi val,	13	. FATHER'S NAM					14. MOTHER'S MAI	DEN NAME				
1		ding pt Then remova		NA	THAN SOUDER	RS, SR			CATHERI	NE ZIMM	ERMAN			
		attending ph ermit. Then m, or remova	15	. WAS DECEASED	EVER IN U.S. ARMED FO (If yes give war or dates o	f convice)	6. SOCIAL SECURITY		INFORMANT		HAGEHABIREN	,	YLAND	
	eath	att erm m', c	Γ.	s, po, er unkown)	(11) es y in e mar of dates of		217-12-267	O M	R. EDGAR JO	NES 11	50 KUHN A	VE.		
	requires that the death iding physician.	ed by the attendransit permit.		18. CAUSE OF	DEATH [Enter only on	e cause per	line for (a), (b), an	d (c).]				INT	ERVAL BE	WEEN
	± =	n signed by the burial-transit burial, cremat		PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a) C.	DROHAR	HTY	ROMBOS1	5		UNS	SET AND C	EATH
	res that t physician.	signed by urial-trans urial, crem		4/20.1	DUE									
	es ohy	Sig		Conditions, If		(b)						116	WEE	K
	an dari	to to		gave rise to cause (a), si		.,								
	ndi:	S to		underlying caus		(c)								
	attending	2 e 2	NO	PART II. OTHER S	IGNIFICANTCONDITI	ONS CONTRI	BUTING TO DEATH B	UTNOTRELA	TED TO THE TERMINAL	DISEASE COND	ITION GIVEN IN PA	RT 1(a) 19.	WAS AU	TOPSY
	The law or atten	ate alti	CAT	P	MECHANON	116 - 1	2 T LUM	6 . 1	/ABETIS	ACFI	LATUS			NO [
		HE T	CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW II	VJURY OCCU	RRED. (Enter nature o	f Injury In Pa	rt I or Part II of I	tem 18.)		
	NG PHYSICIAN: by the hospital	ched pt. o		(IF EITHER, NO	WAS UNDERLYING DANG CAUSE OF DEA	NER)								
	H H	this eta De	CAL		NJURY Month, Day,			20e. PLA	CE OF INJURY (Home, 1 ry, street, office bldg.,	arm, 20f. (City or town)	(County)	(S	tate)
		ter be c	MEDICAL	Hour a.r p.r		at wo	le Not While ork at work		3) act cort o mod proget					
	ATTENDING retained by	e S		21. I certif	y that (I) (this hos	oital) atten	ded the decease	d from	death occurred at	9.66, to_	DEC 30	1966, t	hat (I) (w	e) la
	OR ATTENDII be retained	TOR Show the			ceased alive on I	EC	30 1966	, and that	death occurred at-	5 30 M, fro	m the causes an	d on the dat	te stated	abovi
		W. W.		22a. SIGNATUR	RE OAA	a	11111		ATTENDING	MED		22b. DATE SI		
	-	DIII			Lew		- Corres	M.D		MED. DIRECTOR	STAFF PHYS.	1/2/19	967	
	TO HOSPITAL Page 4 may	TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the b should be filed with the State Dept. of Health prior to b		22d. PHYSICIA NAME (T)		LO RIZ	ALITO M.D.		22d. ADDRESS 120 W. M	AIN ST.	SHARPSEU	RG, MAE	RYLAN	D
	O HOS	Fire hour	23:	. BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c, NAME OF	CEMETERY	OR CREMATORY	23d. LO	CATION (City, town	or county)	(St	ate)
	2	200		BURIAL (Spe	1/3/19	967	REST HA	VEN C	EMETERY	HAGE	RSTOWN. M	IARYLAN	D	
		OK	24	. FUNERAL DIRE			ADDRESS			C'D BY REGIS	TRAR 25b. REG			~
		AIS (4)		CHARLES	M. ROUZER	HAGER	STOWN, MAR	YLAND	DATE	AN 9	1901			
	20 M	1 1/65 \Y'	-											



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17892 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death. ican and completely filled in by the funeral lease remave carban papers. Pages 1 and and in any event, within 72 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission I. PLACE OF DEATH o STATE b. COUNTY o. COUNTY MARY! AND Maryland Allegany
c CITY OR TOWN (Il outside corporate limits, write RURAL and give negrest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town) Hagerstown 16 Mo. Spring Gan e IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR (INSTITUTION (If not in hospital, give street address) YES NO Western Maryland State Hospital NAME OF A DATE Lost Month Dov Year OF DEATH DECEASED 30 ones 1966 (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR TATE OF BIRTH MARRIED NEVER MARRIED rthdoy) Months Doys DIVORCED WIDOWED Co 1ISUAL OCCUPATION (G ve kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT I BIRTHPLACE (County & State, or foreign country) physician during most of working life, even if retired) COUNTRY? INDUSTRY Möřš Morgan Co. - W Hostler. Western Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending. Ptw director, page 3 should be detached for use as the burial-transit permit. Then, Harry Woodrow Jones Izora Zvler IS WAS DECEASED EVER IN ILS ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service Bessie Jones Spring Gan No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) NTERVAL BETWEE PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE for DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse Health prior 1 last WAS AUTOPS) PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 NO 20o. ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20t TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED factory, street, office blda, etc.) Hour o.m. Not While While at work ot work 21. I certify that (1) (this haspital) attended the deceased fram 8 be retained 196-6 and that death occurred at 745 AM, from causes and up the date stated above. saw the deceased alive-an. 220. SIGNATURE DATE SIGNED ATTENDING STAFF M.D DIRECTOR PHYS. director, pay-22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23g. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b DATE THEREOF REMOVAL (Spenfy) Md Near Cumberland Alleg, Davis Memorial Park Burial 1967 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DISECTOR VR A15 (4) 20 M 1/66 Balto Ave. Cumberland DATE Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH signed by the attending physican and campletely filled in by the funeral burial-transit permit. The majes remave carban papers Pages 1 and 2 burial, cremation, ar remayal, and in any event, within 72 haurs after death PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence b CTY DR IDWN (If adside corporate limits, wite RURAL and give nearest town) b COUNTY Washington MARYLAND C LENGTH DE STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D. O. A. Hagerstown Humerstown d NAME OF HOSPITAL DR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS IS RESIDENCE DN A FARM? 223 Elizabeth NO EX YES 🗍 NAME OF Middle 4. DATE Doy Year DECEASED OF DEATH PORTURETEID JORDAN Dag. 19 (Type or print) AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS 5 SEX DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** lost birthday) Months Days Hours WIDOWED DIVORCED 2 1900 10o. USUA, OCCUPATION (Give kind of work done KIND OF BUSINESS OR (1 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working rie, even if retired 1 2 1 2 1 2 1 COUNTRY? Funkstown "ash Co id 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME Virginia Kitzmiller Daniel Jordan 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service Mrs Nina I Jordan 333 Elizabeth 705-10-5705 INTERVAL BETWEEN CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) agerstown ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) ACKTE CORONARY 0 m/N. Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove ARTERIASCI FROTIC HEART DISEASE rise to immediate cause (a). DUE TO stoting the underlying couse RECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept. of Health prior to lost WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20o ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, 20c TIME DF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) Hour o.m. While Not While foctory, street, office bldg., etc.) ot work O FUNERAL DIRECTOR: After , 1965, to DEC, 21, 1964 that (1) (we) last 21 | certify that (1) (this haspital) attended the deceased from MAY 29 1966, and that death accurred at 1.25 M, fram causes and an the date stated above. saw the deceased alive an DEC. 5 22o. SIGNATURE 22b DATE SIGNED 80 director, page 3 should be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 148 W. Wash. St ... Hagerstown. Md B.B. Kneislev 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) Rest Hoven Caletony 25b, REGISTRAR'S SIGNATURE n perstown **ADDRESS** 250 CREC'D BY REGISTRAR 24. FUNERAL DIRECTOR 4-11 IJOb VR A15 (4) 20 M 1/66 Andrew K. Funeral Home Inc DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, if institution, Resident a. countashington b. COUNTY Washington MARYLAND E. CTOOR TOWN (If outside corporate limits, write RURAL and give nearest fown b. CITY OR TOWN (if outside corporate limits. e LENGTH OF STAY IN 16 write RURAL and give nagrest town) Hagerstown 5 weeks Smithsburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va straet address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Washington County Hospital 27 north Main St. YES NO 3. NAME OF Middle 4. DATE paper DECEASED (Type or print) DEATH Kendall 1966 Mary Dec. 26 16 COLOR OR RACE | 7. MARRIED | NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8 DATE OF BIRTH last birthday) Months | Days Female White Mav WIDOWE DIVORCED [IDa. USUAL OCCUPATION IGive kind of work 10b, KIND OF BUSINESS OR INDUSTRY I 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) House Wife Home Stanley Iowa 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William A Speed Margret Dempster 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyasgive war or dates of service) Mrs. Bertha C Lisinger Smithsburg Md. no 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH IMMEDIATE CAUSE (*) Carcinoma of esophagus with metastasis 5 months signed DUE TO gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01 19 WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20h. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part , or Part II of (Iam 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20t. (City or lown) 20c. TIME OF INJURY (County) (Stata) factory, street, office bldg., etc.) Not While Wh la WED Hour a.m. at work at work TOR 21. I certify that (I) (this hospital) attended the deceased from 3-7 1955, to 12-26 19.66 that (I) (we) last 12-23 1966, and that death occurred at \$30aM from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE **ATTENDING** SIGNED Ess 1/11. A. "Rail 130 DIRECTOR T PHYS. 22d ADDRESS 22c. PHYSICIAN'S Charles F. Hess, M.D. Smithsburg, Maryland filed v 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23s. BURIAL, CREMATION, | 23b. DATE THEREOF (State) REMOYAL (Specify) Smithsburg Cemetery Smithsburg Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 [4] Minnich Funeral Home Smithsburg 15M 7-62

death certificate be executed



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17895 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. deoth and completely filled in by the funeral remave carbon papers. Pages 1 and in any event, within 72 hours after deaft 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss on) PLACE OF DEATH b. COUNTY TT o. COUNTY shing ton ashin ton MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) Years Hagersto m Lconstore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS Reeder Nursing Home Chestnut YES NO 1 NAME OF Middle 4. DATE Month Year ease remove carbon DECEASED (Type or print) Desember 8 King DEATH 19 0 Jane Lan ra IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S SEX DATE OF BARTH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Hours Nov.8,1878 Female Whi te WIDOWED DIVORCED 12 CITIZEN OF WHAT 10o. USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working use, even if refired) COUNTRY? INDUSTRY Benevola, "ash. Co
14. MOTHER'S MAIDEN NAME House 13. FATHER'S NAME Mary Rowe William Springer TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending director, page 3 should be detached for use as the burial-transit permit. The should be filled with the State Dept. of Heolth prior to burial, cremation, or reme WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 3 Llem Ave (Yes, no, or unknown) (If yes give war or dates of service) 21.4-09-807 Rosie Carpenter INTERVAL BETWEEN ONSEL AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a)/ (b), and (c) PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or ottending physician. DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO stating the underlying couse last. 19. WAS AUTOPS'
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Not While 21. I certify that (1) (this haspital) attended the deceased from and that death accurred at 91 saw the deceased alive an M. fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 230 BURIAL CREMATION. (County) REMOVAL (Specify) Hagerstown Rose Hill deneterv REGISTRAR'S SIGNATURE 250." REC'D BY REGISTRAR 2Sb **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Home 1966



Items 1884 1-9-MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
FOR STATE	17896		CERTIFICATE OF DEATH	17893	
HEALTH DEPAY:	PLACE OF DEATH a. COUNTY Washington		2 USUAL RESIDENCE (Where deceased lived, finst to a STATE Maryland b. COL	Washington ·	
iny delay is 2, and 3 ta PM3. Page partment af	b. CITY OR TOWN (If a taide corporate in write RURAL and give nearest town) Smithsburg	several Hrs.	CCIY OR TOWN (If outside corporate limits, write RU Rural Smithsburg	JRAL and give nearest town)	
farm P farm P te Depa	d NAME OF HOSPITAL OR INSTITUTION (f not in hospito give street oddress)	d STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO TO	
arth the sta				24, 1966 19	
rrs after de 18 Give P e alang wi with the i	S SEX 6 COLOR OR RACE Male White	WIDOWED DIVORCED	Jan.29, 1948 9 AGE (In years lost birthday) 10 yrs	FUNDER I YEAR IF UNDER 24 HRS Manths Doys Hours Min	
24 hours a in Item 18 r's Office al	10a. USUAL OCCUPATION (G ve kind of work do during most of working life, even if retired) Trucker's Helper 13. FATHER'S NAME	nne 10b KIND OF BUS NESS OR INDUSTRY Lumber Mill	11 BIRTHPLACE (State or foreign country) Penna.	12 CITIZEN OF WHAT COUNTRY? U.S.A.	
d within 24 in pencil in 1 Examiner's File pages	Richard C. Kline		14 MOTHER'S MAIDEN NAME Emma Guessford		
executed rending" in f. Medical E. if permit. F. remaval, an	15 WAS DECEASED EVER IN S ARMED FORCI (Yes, no, ar unknown) (If yes give wor ar dot	es of service)	NFORMANT Add	ithsburg #3. Md.	
be e per hief I dasit ar re	18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY IMMEDIATE CAL	couse per line for (a), (b), and (c)) USE (a) PENDING AST	iration of vomited	INTERVAL BETWEEN ONSET AND DEATH	
certificate shauld writing the word prwarded to the Ch used as a burial-tro burial, crematian,	Conditions, if only, which gove	(b) UUE TO	gastric contents	minutes	
certifica arwarded used as burial, c	lost.	(c) IS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?	
MEDICAL EXAMINER: This clease execute the certificate, diector Page 4 should be faitained for your files. DIRECTOR: Page 3 should be u designated agent, prior to b	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	206 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part or Part II of item 18.)	AE2 NO	
EXAMINER: Ti cute the certificage 4 should be your files. Page 3 should te	20c T ME OF INJURY Month, Day, Year	White Not White foct	CE OF INJURY (Hame, form, ory, street, office bidg , etc.)	(Caunty) (State)	
AL EXAM execute the range of the year. for. Page of the year.	21. I certify that I took cha	rge of the remains described above, he		urry . ond in my opinion	
please e I d rector retained ts design	ACTUAL 1/5	urol couses , Accident , Suic	Ide, Homicide Undetermined in Chief Med Cal Examiner	22. DATE SIGNED	
o DEPUTY MESTAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health or its designated, age	SIGNATURE (Type) DR • E • W •	DITTO, JR	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	13/6/66	
TO DI the the TO FU		8/1966 Smithsbur	Smithsburg		
VR A15ME (5)	24 FUNERAL DIRECTOR Home	ADDRESS Waynesboro, Pen		Washington, Md. EGISTRAP S SIGNATURE Careles Judge.	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17897 CERTIFICATE OF DEATH Resignate offore admission PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut an a. COUNTY a. STATE b. COUNTY Washington Wash. MARYLAND b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate HmHs, write RURAL and give nearest tawn) Hagerstown 73 years Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 71 E. Antietam YES NO 3. NAME OF Middle Last 4 DATE Manth First Year DECEASED (Type or print) ST . DEATH Hays Kline, December 17.19 66 Samuel IF LINDER LYEAR DATE OF BIRTH 9 AGE (In years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** jast b rthday) Hours male white Oct. 27,1893 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State at fareign country) 12 CITIZEN OF WHAT self-employed during most of working life, even if ret red)

Tax consultant **COUNTRY?** Hagerstown. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma Hays Grosh Kline 16 SOCIAL SECURITY NO 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, na, ar unknown) (If yes give war or dates of service) 214-09-4189 Helen Kline, Hagerstown, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES 🗔 NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS INDERLYING [OR CONTRIBUTING THE CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (State) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or fown) (County) 20c. TIME OF INJURY Month, Day, Year factory street, office bldg , etc.) Haur a at work 21. I certify that (I) (this hospital) attended the deceased from Sec. . 196 3 to saw the deceased alive an 11-9 __194.6., and that death accurred at 🔀 🚣 M, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE 22c. PHYSICIAN'S 22d. ADDRESS 5 80 Northern Avenue NAME (Type) Robert F. Keadle, M.D. Hagerstown, Md. 21740 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BUR AL CREMATION 23b. DATE THEREOF 12-20-66 Mt. Olivet Cemetery

ADDRESS

Minnich Funeral Home, Hagerstown, Md.

Frederick, Md.

25b. REGISTRAR'S SIGNATURE

2So. REC'D BY REGISTRAR

DATE DEC 23

Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld shauld be filed with the VR A15 (4) 20 M 1/66

certificate be executed within 24 hours after death.

requires that the death

death

dan and completely filled in by the funeral ease remave carbon papers. Pages 1 and

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signed by the attendi burial-transit permit.

papers.

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burial, cremation, or removal

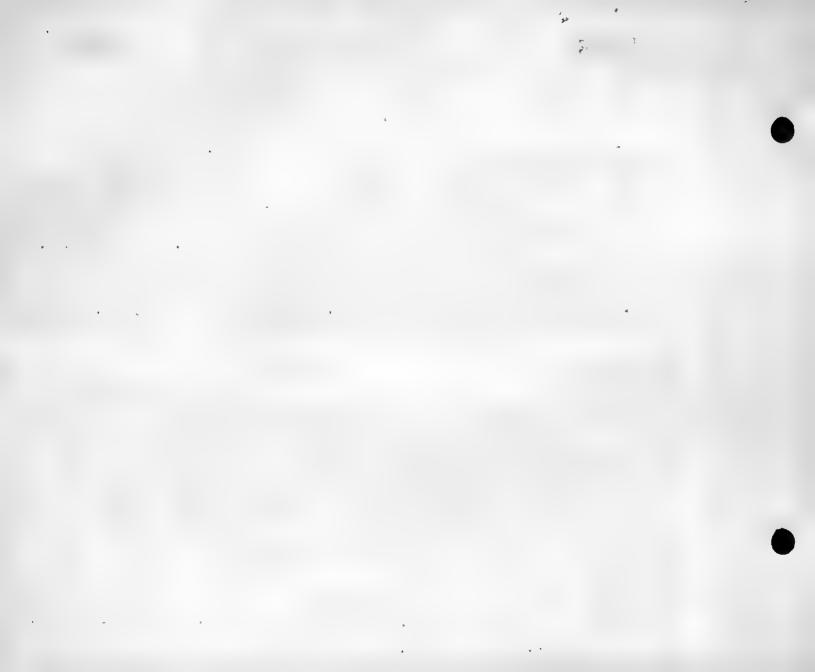
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24. FUNERAL DIRECTOR





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17899 law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) 6 COUNTY Washington · COUNTY Wishington MARYLAND b CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN b Weeks ayerstown d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RES DENCE ON A FARM? COUNTY HOSPITA Washington Tammanr YES NO 17 NAME OF Middle DATE First Year DECEASED OF DEATH Lercy ladison 1966 mes (Type or print) IF UNDER 24 HRS. S SEX AGE (in years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last b rindov) Months Hours WIDOWED DIVORCED IDE. KIND OF BUSINESS OR 11 BIRTHP ACE (County & State or foreign country) 12, CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done COUNTRY 2 during most of working life, even if retired) INDUSTRY WashingTon and. 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME oram signed by the attending burral-transit permit. Th INFORMANT 16 SOCIAL SECURITY NO (Yes, np, or unknown) i(If yes give wor or dates of service CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c))
PART I DEATH WAS CAUSED BY NTERVAL BETWEEN burnal-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO the haspital ar attending stating the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO jo 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 18.) 200 ACC DENT WAS JNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur a.m. Not While factory, street, affice bldg, etc.) 12ec 15, 19 (4) that (1) (we) last . 19 1/2 to 2). I certify that (1) (this haspital) attended the deceased from Nov 21 19 100, and that death accurred at 17 A M, from causes and an the date stated above. saw the deceased alive an_ 22o. SIGNATURE 22b. DATE SIGNED AMA DIRECTOR M.D. PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 230 BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY-23d LOCATION (City or Town) 23b DATE THEREOF (State) (County) REMOVAL (Specify) Cemeter Funkstown 2Sb. REGISTRAR'S SIGNATURE 25a REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. geath. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND WASHINGTON 24 hours after WASHINGTON MARYLANO CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MOS. HAGERSTOWN BOONSBORO .≘ bon papers. within 72 hc d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled 9. IS RESIDENCE ON A FARM? d. STREET ADDRESS 310 CHERRYTREE REEDER NURSING HOME YES NO X within completely ve carbon p 3. NAME OF First Middla DATE Last Month Oay Year and comprements of the carbo DECEASED DECEMBER 19 66 ALTHINA DOLLY MANN (Type or print) DEATH AGE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIEO X NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Days Hours FEMALE WIOOWEO [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) during most of working lifa, even if retired) INDUSTRY WALWORTH CO., WISCONSIN U.S.A. RETIRED ICE CREAM MFG. SELF EMPLOYED -eertificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME гетоуа HARRIET WINEGAR ROBERT B. ARNOLD HAGEREEWN . MARYLAND 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT transit permit: cremation, or 5 (Yes, no, or unkown) (If yes give war or dates of service) 16-54-7885 MR. FREEMAN W. MANN. JR. 310 CHERRY TREE CR. the 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH, ed by I-transil PART I. DEATH WAS CAUSED BY: been signed | the burial-tra or to burial, cr IMMEDIATE CAUSE (a). DUE TO Conditions, If any, which gava rise to immediate as the prior to DUE TO cause (a), stating the underlying causa last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 119. r this certificate hetached for use te Dept. of Health for use Health PERFORMED? YES T NO [208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. - Not While at work D.m. at work I certify that (I) (this hospital) attended the deceased from. DIRECTOR: age 3 should led with the 19 66, and that death occurred at FGM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. OATE SIGNEO ATTENOING X page 12/5/1966 PHYS. DIRECTOR . HOSPITAL PHYSICIAN'S 22d. AOORESS FUNERAL TO FUNERAL director, p should be 1 NAME (Type) BOONSBORO, MARYLAND GERALD LE VAN 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) WASHINGTON D.C. CEDAR HILL CREMATORY REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** Milarles 1966 CHARLES M. ROUZER HAGERSTOWN. MARYLAND VR A15 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17902 CERTIFICATE OF DEATH O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I and shauld be filled with the State Dept. af Health priar ta burial, cremation, ar remaval, and in any every, within 22 hours after deatheath. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) O. COUNTY o. STATE **b** COUNTY T shing ton MARYLAND b. CITY OR TOWN (If outside corporate imits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RJRAL and give nearest town) Boonsboro R 4 1 Yrs consbero d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Preathedsville Breathedsville YES X NO NAME OF 4 DATE DECEASED DEATH Dec 20 CHARLES (Type or print) S SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED out birthdoy) Lale mhi te Febv 18 WIDOWED 1 DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 10b KIND OF BUS NESS OR 1Go. USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT duting most of working life_even if retired) INDUSTRY Retired Dreathedsville Forem n Feachlev 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Amelia Pershel Henry Eay 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 36. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service rs Thelma Everly Poonshoro R IB. CAUSE OF DEATH (Enter only one cause per tipe for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO e az Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse lost 19. WAS ALTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO L 20o ACCIDENT WAS UNDERLYING I 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bklg., etc.) Hour o.m. Not While While of work of work 21. I certify that (1) (this haspital) attended the deceased fram 12 (we) last saw the deceased alive an 12 - 20 - 1965, and that death accurred at 5 A M, from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING 12.22. M.D PHYS DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S SECONDARI ROONSKORO NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION. REMOVAL (Specify) Rest Huven Cemeterv erstown ADDRESS 250 RECD BY REGISTRAR DEC 2 7 198 24 FUNERAL DIRECTOR 25b REGISTRAR S. SIGNATURE Hagerstown VR A15 (4) 20 M 1/66 ndrev Coffin a Euneral Make Inc



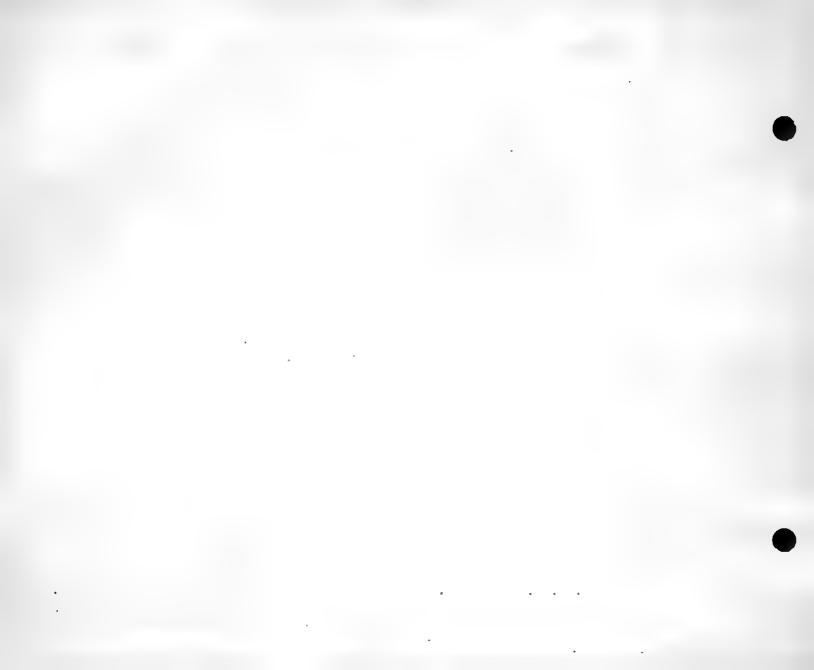
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17903 n papers. Pages I and whin 72 hours after death O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) completely filled in by the funeral languages. Pages 1 and PLACE OF DEATH . b. county tin a. COUNTY shin t.n MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate i mits, write RURAL and give nearest town) r. LENGTH OF STAY IN 15 Hagerstown H wers town e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS "cttin, h. L. Poau Gurlook - emeri a in me YES NO TA NAME OF 4 DATE Month please remave cerbon OF DEATH DECEASED Dac. 19 1966 vent, (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) DIVORCED burial, crematian, or remayal, and an any signed by the attending physician and bur al-transit permit. Then please rem 10g JSUAL OCCUPATION (Give kind of work done Ob. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign-sountry) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY a ston Furn L. rer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dash el Shirley Patther NoDagnott 17. INFORMANT WAS DECEASED EVER IN L. S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates of service Chrish Meyers INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per, ma, for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave nse ta immediate cause (a), stating the underlying cause **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? O FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, form, (City or town) (State) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (Caunty) foctory, street, affice bldg , etc.) Haur a.m. Nat While at work at wark 21. I certify that (I) (this haspital) attended the deceased fram 1 2 19 to 19, that (I) (we) last saw the deceased glive on 19, and that death accurred at 199M, fram causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 418 N. Potomac Street, Hagerstown, Md. Donald E. Martin, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF 23a BURIAL CREMATION REMOVAL (Specify) (se tri) 00.000 J. ADDRESS 25a REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Hugerstown Colling wun



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
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1	CII CCK Mem, CENV. 1	spital, give street address)	10 K. Ve fori	60 Ct.	8. IS RESIDENCE DN A FARM? YES NO [X]
	(Type or print) BRINE ZeL	LAR MICH	ANAHAN 4. DATE DE DEATH	Month 22	1966
	M/4/0 (16)/E WIDOWED	NEVER MARRIED 4	3. DATE OF BIRTH 9. $1/2 \cdot 7/188/1$	AGE (In years IF UNDER 1 YEAR ast birthday) Months Days	Hours Min.
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13	FATHER'S NAME /CLanahai	7	Detry Le	Mar.	
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	18. CAUSE OF DEATH [Enter only one cause per lik PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	he for (a), (b), and (c).1 E respoire tow	4 fas Bur		ERVAL BETWEEN SET AND DEATH T. T. FALSE
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MEDICAL CERTI					
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	saw the deceased alive on/2		7 - 12, 19 63, to death occurred at 30/M, from		te stated above.
	John St J Lom a.	M.D		STAFF PHYS.	
-	NAME (Type) · (NH HCRN		1444612400	in, Md.	Q (64-44)
	MEMOVAL (Specify) 12/24/66	Gedar't	telf Gr	ienciaste,	(State)
	a. E. Munneh - ?	Treeneas	DATE 0 2 7 196	6 Maries Ju	idge.
	MEDICAL CERTIFICATION	1. PLACE DE DEATH a. COUNTY D. CITY OR TOWN (if outside corporate limits, write rural and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in how the company of the compan	1. PLACE DE DEATH a. COUNTY D. CITY OR TOWN (If outside corporate limits, full rural and give nearest town) J. CLENGTH OF STAY IN 1b D. CITY OR TOWN (If outside corporate limits, full rural and give nearest town) J. C. LENGTH OF STAY IN 1b ANAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) LINCK M. L.	1. PLACE DE DEATH a. COUNTY D. CHY OR TOWN HI OUTSIde corporate limits, with BURNA and Rive Recent town. D. CHY OR TOWN HI OUTSIde corporate limits, with BURNA and Rive Recent town. J. C. LENGTH OF STAY IN 1D J. CHY OR TOWN HI OUTSIde corporate limits, with BURNA and Rive Recent town. J. C. LENGTH OF STAY IN 1D J. CHY OR TOWN HI OUTSIde corporate limits, with BURNA and Rive Recent town. J. C. LENGTH OF STAY IN 1D J. CHY OR TOWN HI OUTSIde corporate limits, with BURNA and Rive Rive Recent River. J. C. LENGTH OF STAY IN 1D J. CHY OR TOWN HI OUTSIde corporate limits, with BURNA and River. J. C. LENGTH OF STAY IN 1D J. C. LENGTH OF STAY IN 1D J. CHY OR TOWN HI OUTSIde corporate limits, with BURNA and River. J. C. LENGTH OF STAY IN 1D J.	17905 1. PLACE OF DEATH 1. PLACE OF DEATH 1. PLACE OF DEATH 2. DOUBLY (Where deceased lived, it institution) resident 3. COLUTY (White institution) of the control of the control of the column of th



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLA	ARD ZIZUI
FOR STATE 17906 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17	7903
HEALTH DEPT. 1. PLACE OF DEATH a. COUNTY Shington MARYLAND 2 USUAL RESIDENCE (Where deceased lived, if institut on g. STATE b. COUNTY MARYLAND TO BELLY TO BEL	n Residence before admission) Y
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2 0 0 0 112 0 13 0 11	e IS RESIDENCE ON A FARM?
So and Cold West Franklin St So	YES NO
3 NAME OF DECEASED OF	19 IF UNDER 1 YEAR IF UNDER 24 HRS
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS CT 4	Manths Days Haurs Min
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CAUSE OF DEATH. CAUSE OF DEATH. 20c T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, factory, street, affice b dg, etc.) 21. Certify that taak charge af the remains described above, held an Autapsy X, Inspection , Inquiry death resulted from: Natural causes X Accident Suicide Hamiside Hamis	(County) (State)
21. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection , Inquiry death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined man CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE	
ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ACTUAL EXAM	22. DATE SIGNED
EXAMINER'S NAME (Type) Dr. E. W. Ditto, Jr. Address (Street, city, town, or county) Hager 230 BURIAL, CREMATION, REMOVAL (Specify) AND DITTO AND CREMETERY OR CREMATORY 231 DEPUTY MEDICAL EXAMINER IN 1 Address (Street, city, town, or county) Hager 232 NAME (Type) Dr. E. W. Ditto, Jr. 233 BURIAL, CREMATION, REMOVAL (Specify)	n) (County) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17907 CERTIFICATE OF DEATH certificate be executed within 24 hours after death. and completely filled in by the funeral remove carbon papers. Pages - and in ony event, within 72 hours after about PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY b. COUNTY Washington Washington Maryland MARYLAND c CITY OR TOWN (If autside carparate limits write RURAL and give nearest tawn) b CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest tawn) Haaerstown Hagerstown d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Washington County Hospital 706 Point Salem Road. NO 3 3. NAME OF Middle DECEASED OF DEATH December Walter Ketawer Miner. 19 66 (Type or print) IF UNDER I YEAR IF JNDER 24 HRS S. SEX 6 COLOR OR RACE 7 MARRIED 5 NEVER MARRIED 8 DATE OF BIRTH AGE (In years last birthday) Manths Male White WIDOWED Nov. 13.1913 DIVORCED [10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, at fareign country) 12. CITIZEN OF WHAT during most of working life, even it retired)
Sheet (Tetal Assembler) COUNTRY? <u> Ceitersburg Wash Co. Md.</u> 13 FATHER'S NAME or removal, Walter Wishard Miner Sarah Ellen Martin 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address Hagerstown, Md. 706 Point Salem Road requires that the death the ottendir permit. (Yes, na, grunknawn) (If yes give war ar dates af service) Mrs. W.K. Miner Ir. 214-09-8817 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-tronsit p ONSET AND DEATH PART I DEATH WAS CAUSED BY. Sug- ARREHMOND Himographic 6 TOWYS IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. DUE TO 600443 Canditions, flany, which gave rise ta immediate cause (a), DUE TO stating the underlying cause os the prior to 1 O FUNERAL DIRECTOR: After this certificate hos been last WAS ALTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? for use Stote Dept, of Heolth NO. MIDIO- VASCULARS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Not While While at wark at work 21. I certify that (1) (this haspital) attended the deceased fram 23 5-100. 1966, to 3 5-50. 1966, that (1) (we) last saw the deceased alive an 3 5 cc. 1966, and that death occurred at 239M, fram causes and an the date stated above 22b DATE SIGNED 22a. SIGNATURE STAFF PHYS. 605CC. 1966 M.D. director, page 3 should be tiled v 22d. ADDRESS 22c. PHYSICIAN'S NI POTEMINE DI NAME (Type) M ICHBER 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b DATE THEREOF REMOVAL (Specify) Rest Haven Cemetery Hagerstown Washington Md. 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR Rest Haven Juneral Chapel Hagerstown, Md. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b COUNTY Washington a. STATE F by the Pages 1 urs after Washington MARYLAND Maryland CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pagi tin 72 hours a William sport 5 Williamsport d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? carbon pap ent, within Potomac Street otomac NO M YES etely death certificate be executed within NAME DE First Middle DATE Day Year DECEASED DF event, Thomas (Type or print) DEATH Ellsworth 19 66 MOUSE. DATE OF BIRTH Dec. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS SEX remove 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last blrthday) Months Days Hours any Male White 84 Nov. WIDOWED [DIVORCED [⊆ 10a. USUAL OCCUPATION (Give kind of work done I physician n please r 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Labor Ret d Brick Yard COUNTRY? Marvland S removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending ph irmit, Then John Mouse Clain Mc Marv. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit, cremation, or r 16. SOCIAL SECURITYNO, I 17. INFORMANT 24 otomac Address eet. P (Yes, No, or unknown) | (If yes give war or dates of service) 216 1202 No Willia sport irs. Mary Mouse INTERVAL BETWEEN ONSEL AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] gned by th iai-transit PHYSICIAN: The law requires that the PART 1. DEATH WAS CAUSED BY: the hospital or attending physician. Queria. IMMEDIATE CAUSE (a) signed burial-to burial, e OWJ DUF TO Conditions, If any, which (b) been gave rise to immediate as the t DUE TO cause (a), stating underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health nse PERFORMED? certificate NO. is centached for 20a. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (State) (County) deta Hour a.m. After While Not While ATTENDING at work at work 12,25,66, 19 10.2.58 D the 21. I certify that (I) (this hospital) attended the deceased from . 19 ___. that (I) **boo** last DIRECTOR: age 3 should lled with the 12 74.66 saw the deceased alive on. M, from the causes and on the date stated above. 19 and that death occurred at. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. 12.27.66 DIRECTOR M.D. PHYS. 罩 TO HOSPITAL 22d. ADDRESS FUNERAL 22c. PHYSICIAN'S director, p NAME (Type) Williamsport Maryland 21795 Byrkit M. E. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify)
Burial 2 lliamsport Maryland 28-66 Greenlawn Cemeterv REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS L. Leaf Williamsport VR A15 (4) 1/65



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH				
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ficate be ex physician a please re waf, and in a	10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
# E # # # # # # # # # # # # # # # # # #	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SEGREE RICHARDSON ADDIE K. KINTER				
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attend director, page 3 should be detached for use as the burial-transit permit. Should be filled with the State Dept. of Health prior to burial, cremation, or remaining the state of the state	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), end (c).) PART 1. DEATH WAS CAUSED BY: ONE AND DEATH DUE TO Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last. (c) PART 1. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART LI(a) PART 1. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART LI(a) 19. WAS AUTDENT PART 1. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART LI(a) 19. WAS AUTDENT PART 1. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART LI(a) 19. WAS AUTDENT PART 1. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART LI(a) 19. WAS AUTDENT PART 1. DTHE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART LI(a) 19. WAS AUTDENT PART I. DEATH WAS CAUSED BY COLUMN IN PART LI(a) 19. WAS AUTDENT PART I. DEATH WAS CAUSED BY COLUMN IN PART LI(a) 19. WAS AUTDENT PART I. DEATH WAS CAUSED BY COLUMN IN PART LI(a) 19. WAS AUTDENT PART I. DEATH WAS CAUSED BY COLUMN IN PART LI(a) 19. WAS AUTDENT PART I. DEATH WAS CAUSED BY COLUMN IN PART LI(a) 19. WAS AUTDENT PART I. DEATH WAS CAUSED BY COLUMN IN PART LI(a) 19. WAS AUTDENT PART I. DEATH WAS CAUSED BY COLUMN IN PART LI(a) 19. WAS AUTDENT PART I. DEATH WAS CAUSED BY COLUMN IN PART LI(a) 19. WAS AUTDENT PART LI CAUSE OF THE TERMINAL DISEASE CONDITIONS IN PART LI(a) 19. WAS AUTDENT PART LI CAUSE OF THE TERMINAL DISEASE CONDITIONS IN PART LI(a) 19. WAS AUTDENT PART LI CAUSE OF THE TERMINAL DISEASE CONDITIONS IN PART LI(a) 19. WAS AUTDENT PART LI CAUSE OF THE TERMINAL DISEASE CONDITIONS IN PART LI(a) 19. WAS AUTDENT PART LI CAUSE OF THE TERMINAL DISEASE CONDITIONS IN PART LI(a) 19. WAS AUTDENT 19. WAS AUTDENT 1				
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) . COUNTY b. COUNTY by the and 2 death. Mary land Washington Washington MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) executed within 24 write RURAL and give nearest town) filled in Pages 1 Sandy Hook Life Sandy Hook d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Residence Main Sfiteet completely YES NO IX papers. 3. NAME OF Middle 4. DATE Month DECEASED OF within (Type or print) SCOTT NORRES DEATH .TOHN Dec 14, 1966 carbon 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED pue 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) event, White Apr. 16, 1892 death certificate Male WIDOWED [DIVORCED physician remove De. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)
Upholsterer Furniture Sandy Hook. Maryland USA please attending p ₽ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and John Fenton Norris Margaret Virginia Rucker requires that the 16. SOCIAL SECURITY NO. 17. INFORMANTMrs. Mame Fahey Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivewerordelesofservice) has been signed by the 167-05-9003 R.F.D. #2, Knoxville, Md. permit. attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN 6 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Pullmonary Edema hours cremation. burial-transit **DUE TO** (b) Congestive heart failure Conditions, if any, which vears geve rise to immediate cause DUE TO (e), stating the underlying the hospital or After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NOXX 200, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20s. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20f. (City or town) (County) (Steta) factory, street, office bldg., etc.) Not While at work at work1906..., and that death occurred atM, from the causes and on the date stated above. saw the deceased alive on J.C.C. 22e SIGNATURE 22b. DATE eth. Page 4 page with t M.D. | PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S TO FUNE director, p NAME (Type) Gum Spring Hollow, Brunswick Byron Kao, M.P. 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify)
Burial 12/18/66 Samples Manor Cemetery Samples Manor, Md. 24 TUNERAL DIRECTOR'S SIGNATURE 25s. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Harpers Ferry, W.Va. 1966 20M 5-63



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 17912 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after deoth 2. USUAL RESIDENCE (Where deceased fixed, if institution. Residence before admission) PLACE OF DEATH o. STATE Maryland b COUNTY Frederick a. COUNTY Washington MARYLAND In and completely filled in by the full be remove carbon popers. Pages 1 d in any event, within 72 hours offer b (ITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
RURAL — Hagerstown CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Rural Mversville vears B IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Gateway Convalescent Home Route YES RO NO 3 NAME OF 4. DATE Year DECEASED **JENNIE** PALMER DEATH December AGE (In years IF UNDER 1 YEAR 1 IF UNDER 24 HRS 6 COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthdoy) Dovs white female WIDOWED K Aug. 22.1874 DIVORCED 10a JSUAL OCCUPATION (Give kind of work done during most of working lite, even if retired)
HOUSEWIIE 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CIT ZEN OF WHAT Own Home **COUNTRY?** Frederick Co. Md. II.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin L. Gaver buriol, cremotion, or remov Mary Cline 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates at service) 16. SOCIAL SECURITY NO. 17. INFORMANT 220-52-2183 Mrs. E.R.Bittle. Myersville. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), ond (c).)
PART I DEATH WAS CAUSED BY. signed by the buriof-tro≡sit p ONSET AND DEATH 210 Samoall 1 CERCBRO-VASCULME IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or ottending physicion.

O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriof-trom EREB RAY My-Skin Schools Conditions, fany, which gave 2511 rise to immed ate cause (a), DUE TO stoting the underlying couse priar to l Tres ARTERIO SCUEROSIS WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). director, page 3 should be detached for use should be filed with the State Dept. of Health CIMEDIO. VASCULINE NO 4-HYPERTENSIVE 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20s. PLACE OF INJURY (Home, form, (City or tawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. 20d INJURY OCCURRED factory, street, affice bldg., etc.) Not While ot wark ot wark 21. I certify that (1) (this haspital) attended the deceased fram 13 June 1963, to 7 750, 1966 that (1) (we) last saw the deceased alive an 7 500. 19 lole, and that death occurred at 1 5 PM, fram causes and an the date stated above. 22b. DATE SIGNED 22a SIGNATURE ATTENDING MED DIRECTOR STAFF PHYS. 97750. 1966 M.D. 22d ADDRESS 22c PHYSICIAN'S 218 IV. Porome Di HASISTON M FEHDEN NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Specify) Myersville Dec. 9.1966 United Brethern Fred Co. REGISTRALS SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DEC Mverevi

MARYLAND STATE DEPARTMENT OF HEALTH



APYLAND STATE DEPARTMENT OF HEALTH



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Total Control	17914	CERTIFICATE OF DEATH	Reg. Dist. No. 17911			
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	OR INSTITUTION OR INSTITUTION	Middle Lost 4. DATE	Month Day Year			
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	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 12 INFORMANT, Address & DG (Yes, no. or unknown) 14 year, give war or dotes of service) 216 09-6647 7712. Translate Pick. Hargens from, Mid					
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	p. m 19 of work 🗆 o	Not while foctory, street, office bldg., etc.)				
	21. I certify that I attended the deceased from Dec. 28, 1966, to Dec. 28, 1966, that I lost saw the deceased olive an Dec. 28, 1966, and that death accurred at 2 P. M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) 12-29-66 DATE SIGNED					
,	ACTUAL SIGNATURE A TO SILL	M.D.	Shoet, try or rown, stolet 17.=24=00 DATE SIGNED			
F	PHYSICIAN'S					

BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF

22c NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS eencastle

24a. REC'D BY REGISTRAR

246 REGISTRAR'S SIGNATURE

DATE

VS A1S (4) 15M 9/55

TO HOSPITAL OR TO FUNERAL DIRE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17915 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death. ve carban papers. Pages 1 and 2 event, within 72 haurs after death. signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE b. COUNTY'2 MARYLAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside consente limits, write RURAL and give negrest town) d STREET ADDRESS e IS RES DENCE ON A FARM? 2703 Arunder NO F NAME OF Middle 4. DATE Year DECEASED (Type or print) 1966 December 21 SE UNDER 1 YEAR IF UNDER 24 HRS AGE (In years 7. MARRIED NEVER MARRIED birthday) Haurs DIVORCED and in any 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR & State, or foreign country) COUNTRY? A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN WAME burial, cremation, ar remayal, Pre21051 17 INFORMANT HAGERSTOWN. MARYLAND WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, ng, ar unknown) (If yes give war ar dates of service 647 PIN OAK ROAD -54-0447 MR. JOE STARTARI INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). ONSET AND DEATH PART I DEATH WAS CAUSED BY concinome IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gave (b) nse to immediate cause (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been s shauld be detached far use as the with the State Dept. af Health prior ta last. WAS AUTOPS! PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) none NO 2Do ACCIDENT WAS UNDERLYING D 20b. DESCRIBE HOW-INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year (City or town) (County) (Stote) Haur ont. foctory, street, office bldg., etc.) 196 to, to. 21. 1 certify that (ID (this hospital) attended the deceased from Dec 19 (and that death accurred at 3 F. M. from couses and on the date stated above saw the deceased alive on-22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. 12/22/1966 M.D. DIRECTOR director, page should be filed 22d ADDRESS 22c. PHYSICIAN'S BYRKIT M.D. W. POTOMAC NAME (Type) ST. WILLIAMSPORT, MD. 23c NAME OF CEMETERY OR CREMATORY (Stote) 23d LOCATION (City or Town) 23a. BURIA., CREMATION 23b. DATE THEREOF (County) REMOVA (Specify) Mc GEO. WASHINGTON (EMETERY 256. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 CHARLES M. ROUZER HAGERSTOWN. MARYLAND DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17916 CERTIFICATE OF DEATH be executed within 24 hours after death. signed by the attending physician and campletely filled in by the funeral burial-transit permit. Their please remove carban papers. Pages thank burial, cremation, or remayal, and in any event, within 72 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY b. COUNTY ashington MARYLAND b CITY OR TOWN (If autside carparate limits. E LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURA, and give negrest town) write RURAL and give negrest town) 3Weeks Rerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 6,7 Lis mose of burntorium Poton e NO TH 3. NAME OF 4. DATE Last Month Увах DECEASED (Type or print) DEATH 12 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED REVER MARRIED last birthday) Hours DIVORCED 10a USUAL OCCLPATION (Give kind of work done 10b KIND OF BLSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) Com I he during most of working life, eyen if retired) COUNTRY? OR ATTENDING PHYSICIAN: The law requires that the death certificate u e mil riuge 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Caor.e avelle Pe 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, na, ar unknawn) ((If yes give war ar dates of service) Hr ne 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) one (c) PART I DEATH WAS CAUSED BY INTERVAL BETWEEN IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUE NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED? CERTIFICATION NO 20g ACCIDENT WAS UNBERLYING [205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CALSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Hame, form, 20d INJURY OCCURRED 20f. (City or town) (County) (State) Hour a.m. factory, street, office bldg, etc.) Not While at work at wark 21. 1 certify that (I) (this hospital) attended the deceased from 197, 12, 196, to 196, that (I) (we) lass saw the deceased alive an 196, and that death accurred at P. M. from causes and an the date stated above _ 19/ 6 . that (I) (was) last 22a. SIGNATURE 22b. DATE OF ATTENDING PHYS. MED DIRECTOR M.D. PHYS 22d ADDRES 22c/PHYSICIAN S NAME (Type) 23a. BURIAL, CREMATION. DATE THEREOF LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) 30 ADDRESS 24. FUNERAL DIRECTOR 2Sa REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE restown Charles VR A15 (4) 20 M 1/66 Solin n Fun ral

MARYLAND STATE DEPARTMENT OF HEALTH



	DIVISION OF STATISTICAL RES	SEARCH AND RECORDS	, 301 W. PRESTON S	CALIH TREET, BALTIMORE	1, MARYLAND
± 22 €	17917	CERTIFICAT		·	17914
hours after leatil. d in by the funeral rs. Pages 1 and 2 2 hours affer death.	D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 1. PLACE OF DEATH a. COUNTY Confirmed and give nearest town)	MARYLANO c. LENGTH OF STAY IN 1b	a. STATE	b. COUNTY	tion: Residence before admission Residence RURAL and give nearest town
트 : 윤 -	d. NAME OF HOSPITAL OR INSTITUTION (if not I	n hospital, give street address)	d. STREET ADDRESS	Chamlers	e. IS RESIDENCE ON A FARM?
completely filled aye carbon papers event, within 72 l	Martin Manor Plant Home	2			YES NO
	3. NAME OF DECEASED (Type or print) ETHEL 5. SEX 6. COLOR OR RACE 1.	Middle F=	POE 4.	DATE Month OF DEATH Loc.	Day Year / 7 , 1966
	A WIDOW	ED DIVORCED	1 - 27 - 92	last birthday) Moi	INDER 1 YEAR IF UNDER 24 HR nths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NOUSTRY	Franklin Co	Pa.	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME (L. He Emo		14. MOTHER'S MAIDEN N	Persècher	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT . Lack Zimmer	Address	Resont It
c cemanon,	18. CAUSE OF DEATH [Enter only one cause pi PART I. DEATH WAS CAUSED BY; IMMEDIATE CAUSE (a)	er line for (a), (b), and (c).]	neast 4	itu	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO	Tetastasui			3-4-712
2	underlying cause last.	IDUTING TO DEATH BUTNOT RELA	TED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PAR	T1(a) 19. WAS AUTOPSY
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	20c. TIME OF INJURY Month, Oay, Year 20d Hour a.m. Wh p.m. 19 at w	ile Not While factor	CE OF INJURY (Home, farm, ry, street, office bidg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that (I) (this hospital) atte saw the deceased alive on	nded the deceased from 7	death occurred at 2.29	M, from the causes and	19.66, that (I) (we) las on the date stated above
	22a SIGNATURE LIVER W. DIHO 22c. PHYSIGIAN'S	M.O.	ATTENOING MEO. PHYS. DIREC	STAFF C	/ 2 - 17 - 66
אומות הם ווופח אומו חופ	EAWS - W. D: Ho 23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c, NAME OF CEMETERY	217 W. WOJ	Lington St - X	trigerstown, Hd
ñ	REMOVAL (Specify) 24. FUNERAL DIRECTOR	Norland ADDRESS	25a. REC'D B	Kamberslan	TRAR'S SIGNATURE
	ROUZER FUILERAL HOME	HASERSTOWN MA	Payland DATE DE	0 2 2 1056	" " - wies Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17918 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 cours after death The law requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Washington Wash. MARYLAND b. CITY OR TOWN (If outside corparate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If out-ide corparate limits, write RURAL and give nearest town) papers. Pag hin 72 hours o write RURAL and give nearest town) Hage: rstown 9 days Hagerstown physician and completely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 13 Marbern Rd. Washington County Hospital YES NO 3. NAME OF Middle 4. DATE remove carbon Eirst Month DECEASED OF DEATH Poffenberger Mary December 21,1966 Jackson event, (Type or print) IF JNDER 1 YEAR SEX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7 MARRIED X NEVER MARRIED lost birthday) Doys Hours May 9, 1891 female white WIDOWED DIVORCED in on 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
housewife INDUSTRY COUNTRY? Lehmasters, Penna. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removal. Luella Winton James J. Dunlap IS WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) illt ves give wor or dates of service John M. Poffenberger, Hag., none no 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) INTERVAL BETWE cremat **burial-transit** PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) physician. DUE TO signed Conditions, if any, which gave rise ta immediate cause (a). **DUE TO** be retained by the hospital or attending as the prior to stating the underlying cause has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) for use Health NO this certificate 20a ACCIDENT WAS UNDERLYING □ 20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (County) (State) Hour o.m. Nat While factory, street, affice blda, etc.) O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram should saw the deceased alive on 6 and that death occurred at 22 M, fram causes and an the date stated above 22a SIGNATURE 22b DATE SIGNED ATTENDING STAFF M.D. DIRECTOR r, page 3 be filed PHYS 22c. PHYSICIAN'S oyer, M.I NAME (Type) Potomac St. Argerstown, d. director, p 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION (County) BREMOWAL (Specify) 12-23-66 Rose Hill Cemetery Hagerstown. Md. ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Minnich Funeral Home, Hagerstowh, Md. DATE



1 1	Division of STATISTICAL RE	MARYLAND STATE DEP SEARCH AND RECORDS, 301		IMORE, MARYLAND 21201	
	17919	CERTIFICATE	OF DEATH	17916	
funeral funeral	i. Place of Death a. COUNTY Washington	MARYLAND	o. STATE Maryland	osed lived, if institution. Residence befare odmission by COUNTY Washington	on)
by the Page ours of	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in haspit	c LENGTH OF STAY IN 16 5 Days cl give street address	C. CITY OR TOWN (If outside carpai	rate limits, write RURAL and give nearest town) Le Rfd 2 e IS RESIL	DENCE
illed in 72	Washington County Hospi		Yarrowsburg	ON_A_FA	NO X
ecuted within 24 has completely filled in love carbon papers y event, within 72 h	3 NAME OF First DECEASED (Type or print) Mary		Potter DEATH		66
e executed with ond completely f remove carbon in any event, with	S. SEX 6 COLOR OR RACE 7. MARRI Female White WIDOW	ED 🕱 DIVORCED 🗍 🚜	uly 23, 1906	9 AGE (In years IF UNDER I YEAR IF UNDER OPEN OPEN	Min
irate be exertican ond applease remo	10b, USUAL OCCUPATION (Give kind of work done ducing most of wasking life, even if retired) HOUSEWITE 13. FATHER'S NAME	o KIND OF BUSINESS OR NDUSTRY, Own Home	Samples Manors 14. MOTHER'S MAIDEN NAME	COLIMITRY 2	
	Daniel Haines	16 SOCIAL SECURITY NO 17 IN	Rosa Mills	Address	
the attending sit permit. The nation, or rem	(Yes, no, or unknown) (If yes give war ar dates of service)	216-22-2020 Mr		Knoxville Rfd. 1, Md.	
quires the physicion. signed by surial-tron	18 CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if only, which gove rise to immediate cause (a), stoling the underlying cause (b) Local Conditions (c) Conditions (c)	for (a), (b), and (c)) toute my re Zeneralizes	antroplus	and Chisprano	EATH
ICIAN: The low reputol or attending trificote has been of for use as the for the for the for the form of Health prior to the form of the f	5	ellitus - (Huleli Hr.	ass Perform	NO PSY
PHYSICIAN: he hospital or this certificate etached for ur Dept, of Health		. DESCRIBE HOW INJURY OCCURRED. (E		· ·	
NG PH' y the h ter this e detac	Hour o.m. W	hile Nat While factor	OF INJURY (Hame, farm, ry, street, office bldg , etc.)		Stote)
OR ATTENDING PHYS be retoined by the hos DIRECTOR: After this cage 3 should be detached by the State Dept.	21. 1 certify that (I) (this hospital) attacks the deceased alive on 12 -	tended the deceosed from 319_66, and that	deoth occurred at 6 6	M, from causes and on the date stated	obove.
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for u should be filed with the State Dept. of Heal		ECONDARI	223 ADDRESS	ONSBORO Md	66
TO HOSPITAL OF Page 4 may be for FUNERAL DIR director, page should be filed	230 BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR CO	REMATORY 23d L	OCATION (City or Town) (County) (S	itate)
	Burral Party 12- 5- 66 24. FUNERAL DIRECTOR John H. Bast, Jr. 112 N.	ADDRESS	25o. REC'D 8Y REGIST	TRAR 256 REGISTERES SIGNATURE Que	ege



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 1. PLACE OF OEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. CDUNTY b. CDUNTY Washington MARYLANO b. CITY DR TDWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) 36 write RURAL and give nearest town) Hagerstown Maryland 50yrs. .= Hagerstown Marvland d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street eddress) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Clarkson Ave w.thin Clarkson ND X YES etely completely ve carbon 3. NAME DE First Middle Last DATE Year DECEASED event, DF (Type or print) Nettie Francis Pull er DEATH Dec 19 66 6. CDLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months I Days Hours I Min NEVER MARRIED any Months I Davs Female Colored WIDOWED 3 DIVORCED [Dec 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS DR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY? Restaurant Domestic Rippon IISA removal. 13. FATHER'S NAME 唇 MOTHER'S MAIDEN NAME William Stribling Baltimore 15. WAS DECEASED EVER INUS ARMED FORCES? 16. SDCIAL SECURITY ND 17. INFORMANT 0, (Yes, no, or unkown) (If yes give war or dates of service) s been signed by the atta the burial-transit permi or to burial, cremation, o Mrs. Virgina Brown 119 Clarkson 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN 30NET AND DEATH I. DEATH WAS CAUSED BY: Carcinoma of m Anaplastic adenocarcinoma of the Conditions, If any, which Not known gave rise to immediate DUE TO endometrium cause (a), stating the has by as th prior t underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTDPSY this certificate betached for use te Dept. of Health for use Health PERFORMED? ND X YES 20a, ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED, (Enter nature of injury in Part | or Part |) of item 18.) MEDICAL, 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) After Id b a.m. Not While at work et work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: / age 3 should that (i) (we) last and that death occurred at saw the deceased alive on Dec .M. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED page PHYS. DIRECTOR HOSPITAL director, pr FUNERAL PHYSIC AN'S 22d. ADDRESS WashingtonSt Kneislev NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State) REMOVAL (Specify) Sylvania Cemetery Rippon. 1966 FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1966 VR A15 (4) DATE BE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death, PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY s. Pages 1 b. COUNTY MARYLAND CITY OR TOWN (if purside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 24 hours Marers town papers. papers. in 72 h d. NAMP OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO X YES completely ve carbon p withi executed within NAME OF First Middle 4. DATE Last Wonth Year DECEASED 0F event, (Type or print) DEATH AGE (In years | IF UNDER Y YEAR | IF UNDER 24 HRS remove any eve 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. last birthday) Months Days WIDOWED [DIVORCED 10a. USUAL/OCCUPATION (Give kind of work done | .= 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during prost of working life; even if retired) COUNTRY? INOUSTRY and USELV. Then Tremoval. FATHER'S NAME attendin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. **INFORMAN** 17./ Address 9 igned by the atterial-transit permit (Yes, no, or amkown) (If yes give war or dates of service) 104ach CAUSE OF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. Limbs IMMEDIATE CAUSE (a) s been sather the burial, c DUE TO Conditions, If any, which (b) gave rise to immediate las been as the last prior to DUE TO cause (a), stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY JULETTOR: After this certificate ge 3 should be detached for use led with the State Dept. of Health in PERFORMEO? NO [YES [208. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While 19 p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from. 1966 that (I) (we) last and that death occurred at 1.45 saw the deceased alive on. _M. from the causes and on the date stated above. 22a, SIGNATURE 22b. DATE SIGNED page MEO. DIRECTOR ATTENDING STAFF ADDDESS Page 4 may b M.D. PHYS. PHYS MINICREL PHYSICIAN'S director, p should be 22c. 22d. 10 OATE THEREOF NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. 23c. LOCATION (City, town or county) (State) REMOVAL (Seecify) 2 04 RIAL FUNERAL DIRECTOR **ADDRESS** REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1966 VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH			
DIVISION OF STATISTICAL		W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
14922	CERTIFICATE OF	PEAIN	17919
1. PLACE OF DEATH	6.0	SUAL RESIDENCE (Where deceased fixed, I	
WAShinga	MARYLAND	Md.	U will
b. City OR TOWN (if outside corporate l'mits,) write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	CITY OR TOWN (If outside corporate limits, wr	ta RURAL and give nearest town)
Kurar - Haders	10cm	1-2000	1000m -
d. NAME OF HOSPITAL OR INSTITUTION ("	not in hospital, giva streat address, di	HACIPISTONIA P	IS RESIDENCE ON A FARM?
3. NAME OF FOR JULY	7) 2	1	YES 🖫 NO 🗌
DECEASED O	Middle =	Lest 4. DATE Mon	th Dey Yeer
1.16-1.6-1.0	free / free	DEATH OF C	19 60 6
DACIE WILLEY	MARKIED A NEVER MARKIED	OF BIRTH 9. AGE (In year lest b'rthdey)	Months Deys Hours Mn.
10e. USUAL OCCUPATION (G v. kind of work	WIDOWED DIVORCED DIVO	75 yrs.	Land City and City and Land
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13. FATHER S NAME		OTHER'S MAIDEN NAME	
Juce b Reiff		aria E. Strite	
15. WAS DECEASED EVER IN J.S. ARMED FORCE		arrid a control of	- 202 -
(Yes, no, or unkown) (If yes give wer or detes of ser	v cel	(C . L) 11 . H.	7.
18. CAUSE OF DEATH [Enter only one of	Buse per upe for (a), (b), and (c)	cia, ruff. A.	I INTERVAL RETWEEN
PART I. DEATH WAS CAUSED BY:		-	ONSET AND DEATH
IMMEDIATE CAUSE (6)	Coronary Artery Diseas	se.	Several months
Conditions, "Fany, which (6)	Arteriosclerotic Cardi	is Vesselen Dissess	۲
geve rise to immediate cause	Arterioscierotte vardi	to vascular Disease	5 years —
couse lest.			
114	ONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GE	
			YES NO THE
200. ACCIDENT WAS UNDERLYING	206. DESCRIBE HOW INJURY OCCURED, (Enter	reture of injury in Part I or Part II of Iam 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)			
20c. TIME OF INJURY Month, Day, Year		NJURY (Home, ferm, 20f. (City or town) et, offica bldg., etc.)	(County) (State)
Hour a.m. p.m. 19	et work at work	1	
21. I certify that (I) (this hospital) attended the deceased from3-1-	156., to12-28-	, 19.66, that (I) (we) las
saw the deceased alive on., 12-2	.7	occured all	and on the date stated above
22e. SIGNATURE		TTENDING MED. STAFF	22b. DATE
_ · V 24	A. A. P. M.D. P.	HYS, 🔀 DIRECTOR 🗌 PHYS, 📗	12-28-65
22c. PHYS CIAN'S NAME (Type)		d. ADDRESS	
Dr. E. W.		. Washington St., Hage	
REMOVAL (Specify) 2 2	OF 23c. NAME OF CEMETERY OR CRE	MATORY 23d. LOCATION (C IV. II	own or county) (Steta)
Thursday DIRECTORIS SIGNATURE	Droad + cracing	25a REC'D BY REGISTRAR 25b. R	ECICYDADIE CICNATURE
24 FUNERAL DIRECTOR'S SIGNATURE	treened atte line	111 9 4007	ycharles Judge
City intervalent	The will want to help	4. DATE J.A. 3 196/	The state of the s

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death camptetely filled in by the furrer carbon papers. Pages 1 and we were within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY Washington o. Sale Maryland Washington MARYLAND b. CITY OR TOWN (If outside comporate limits. C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside camparate limits, write RURAL and give negres) tawn) write RURAL and give nearest town)
Funkstown 26 Yrs. Funkstown d STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 15 Maple Ave. 15 Maple Ave. YES NO IX 3. NAME OF Middle 4. DATE First Last Month Day Year DECEASED Elizabeth Magaline Ridenour (Type or print) DEATH December 20. 19 66 9. AGE (In years _ last birthdoy) IF UNDER I YEAR | IF UNDER 24 HRS S SEX 8 DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED Months Hours Dec. 31, 1882 Female. White WIDOWED DIVORCED 10a LSJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Kitchener, Canada Housewif'e Own Home 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Joseph S. Schall Helen Winebrenner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service 220-46-5572J1 Mrs. Helen J. Gibney, Funkstown, Md. No . 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed by IMMEDIATE CAUSE (a) attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUF TO stating the underlying couse as the prior to b TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? use NO YES Page 4 may be retained by the hospital or for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Not While of wark at work 21. I certify that (1) (this hospital) attended the deceased from 1952, 19, to 19 Dic, 1966, that (1) (we) last saw the deceased glive on 1966, and that death accurred at 41 M, fram causes and an the date stated above. 22g. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR M.D. director, page should be filed 22d ADDRESS 22c. PHYSICIAN'S Hagerstown, Md. 580 Northern Ave D. Wilson, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b DATE THEREOF 23g BURIAL CREMATION. REMOYAL (Specify) 12- 22- 66 Boonsboro Cemetery Boonsboro, Md 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 1200 1 VR A15 (4) 20 M 1/66 John H. Bast, Jr. 112 N. Main St. Boonsboro, Md Dare



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17924 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) Washington a. COUNTY Maryland b COUNTY Washington MARYLAND b CITY OR TOWN (If ourside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Hagerstown 30 days Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS B IS RESIDENCE ON A FARM? Washington County Hospital 251 West Side Ave. YES NO 3. NAME OF Middle Lost 4. DATE Month Day DECEASED Charles Krammer Ringer (Type or print) December 20 19 1966 6 COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** birthdoy) Days Haurs Oct. 16, 1886 ma1e white WiDOWED IX DIVORCED 100 USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12. CTIZEN OF WHAT during most of warking life, even if retired) Iron Co. COUNTRY? Cearfoss. Md. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Silas Peter Ringer Mary F. Johnson IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, or unknown) (If yes give war or dates of service) 214-09-2399 Charles Ringer Hagerstown. Md. no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Pneumonitis & atelectesis IMMEDIATE CAUSE (a) .. davs DUE TO metastatic disease Conditions, if any, which gave vrs rise to immediate couse (a), DUE TO stoting the underlying couse prostatic carcinoma yrs 19 WAS AUTOPSY PERFORMED? NO ± 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) none 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Nat While factory, street, affice bldg , etc.) none 19 at wark at work

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month Day, Year ____, 19<u>_63</u>__, ta <u>Dec</u>____20 66at (I) (we) last 2). I certify that (1) (this haspital) attended the deceased from Nov 25 saw the deceased alive an Dec 20 19 66, and that death accurred at AM, fram causes and on the date stated above 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 12-21-66 PHYS

22d. ADDRESS

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VR A15 (4) 20 M 1/66

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signed burial

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O FUNERAL DIRECTOR: After this certificate has been

removal 2 5

S. SEX

be executed within 24 hours after death

law requires that the death certificate

PENONA (Specify)

22c. PHYSICIAN'S

23a. BURIAL, CREMATION,

NAME (Type)

24. FUNERAL DIRECTOR Minnich Funeral Home Hagerstown, Md.

23h DATE THEREOF

12-22-66

Rose Hill Cemetery ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Dr Harold R. Tritch, Jr M.D.

RECID BY REGISTRAR

302 N. Potomac St Hagerstown, Md

23d. LOCATION (City or Town)

Hagersownw. Md. 2Sb. REGISTRAR'S'SIGNATURE .

(County)

(State)

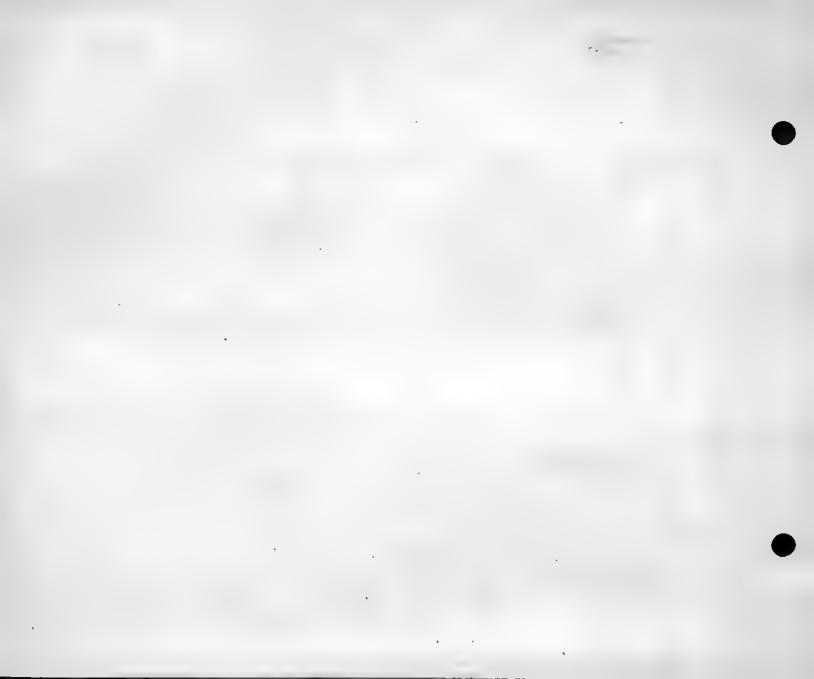
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1.	Division of STA1	MARYLAND STATE DE USTICAL RESEARCH AND RECORDS, 301			ID 21201
	17925	CERTIFICATE	OF DEATH	17	022
cecuted within 24 hours after death completely filled in by the funeral nove corbon papers. Pages 1 and 2, y event, within 72 hours after death	i. PLACE OF DEATH o. COUNTY Washington b. CITY OR TOWN (If outside corporate in write RURAL and give necrest town)		2 USUAL RESIDENCE (Where do. STATE Maryland c. CITY OR TOWN (If outside co	b. COUNTY	Kesidence before admission) ton and give nearest town)
hours in by rs. Pe	write RURAL gnd give neorest town) Hagerstown d NAME OF HOSPITAL OR INSTITUTION ()	f not in hospital, give street address)	Hagerstown d. STREET ADDRESS		15 RESIDENCE ON A FARM?
in 24 filled pape hin 73	Coffman Home for		108 E. Wash		YES NO
og physician and completely filled in then please remove corbon papers. Then please remove corbon papers. Then please remove within 72 hemovol, and in any event, within 72 h	3 NAME OF DECEASED (Type or pnnt) Marger S SEX 6 COLOR OR RACE		Lost 4 DA OF CAN DE DATE OF BIRTH	ATH December 9. AGE (In years 1 IF	Doy Year 3 19 66 UNDER 1 YEAR IF UNDER 24 HRS
execut d con smove ony ev	Female White	WIDOWED DIVORCED	Sept. 23, 1877		2 18 Hours Min
rifificate be exe ohysician and (en please reme vol, and in an)	100 USUA: OCCUPATION (Give kind of work do during post of working life, even if retired) FIT ITTEE	one 106 KIND OF BUSINESS OR INDUSTRY Clothing	II BIRTHPLACE (County & Stote, Frederick Co		12 CITIZEN OF WHAT COUNTRY? U. S. A.
physice physice plen ployol,	13. FATHERS NAME Carlton P. Routze	n'n	14 MOTHER'S MAIDEN NAME Charlotte You:	200	
offered of the control of the contro	15 WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes give war or dat No.	es of service 16. SOCIAL SECURITY NO. 17 II	NFORMANT S. Lena Middle	Hagerb	town, Md.
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, e haspital or ottending physicion. his certificate has been signed by the attending physician and completely filled in by the funeral stacked for use as the burial-transit permit, then please remove carbon papers. Pages I and Dept. of Health prior to burial, cremation or comoval, and in any event, within 72 hours after death	Conditions, if any, which gave		tu heart	du ear	ONSET AND DEATH
DING PHYSICIAN: The law in by the haspitol or ottending ther this certificate has been be detached for use as the State Dept. of Health prior to	20c. AC(IDENT WAS UNDER, YING CONTRIBUTING CAUSE OF DEATH (IF FITHER MOTIETY MEDICAL FXAMINER)	IS CONTRIBUTING TO DEATH BUT NOT RELATED TO TO SOURCE TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TOTAL TOTAL THE TOTAL TOT	tes; Nyp	GIVEN IN PART 1(o) Port II of item 18.)	19 WAS AUTOPSY PERFORMED? YES NO LE
NG PHY: y the ha ter this or e detach tate Dept	20c TIME OF INJURY Month, Doy, Yeo Hour o.m. p.m.	19 While Not While I foctor	pry, street, attice bldg , etc.)	Of. (City or town)	(County) (State)
TO HOSPITAL OR ATTENDING PH Poge 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 should be detac should be filled with the State Dep	21. I certify that (1) (this I sow the deceased alive on 22a. SIGNATURE	4/2 80	t death occurred at 25	M, from causes and	d on the dote stated above
D HOSPITAL OR ATTENI Poge 4 may be retoined 5 FUNERAL DIRECTOR: A director, page 3 should should be filled with the	22c. PHYSICIAN S NAME (Type)	4. (Ceally M.	22d ADDRESS	OR LI PHYS. LI	103 00
O HOSI Poge 4 O FUNE director should		-6- 66 Myersville H	S. U. B. Cem.	LOCATION (City or Town) Myersville,	Md.
VR A15 (4)	24. FUNERAL DIRECTOR John H. Bast. Jr.	ADDRESS	250. RECD BY REDEC	GISTRAR 25b. REGIST	TRAR'S SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 Y. PRESTON STREET, BALTIMORE, MARYLAND 21201 17926 CERTIFICATE OF DEATH e be executed within 24 haurs after death **D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. at Health priar ta burial, cremation, ar remanal, and in any event, within 72 haurs after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY ash no ton shington alluland MARYLAND b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURA, and give nearest tawn) 3º Yrs Hamerstown gers town d STREET ADDRESSHOTEL d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 8 IS RESIDENCE ON A FARM? NOX X Home NAME OF Fist Middle DATE Month LOST Day Year DECEASED
(Type or print) OF Dec 21 1936 DEATH 19 S SEX 6 COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Hours white WIDOWED DIVORCED May 30 1.97 Fenale 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Domestio Retired TLS! nugerstown Certation 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Effie Lownan Charles Penner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT requires that the death 16 SOCIAL SECURITY NO. (Yes, no, or inknown) (If yes give war or dates of service Lrs Josephine Eurger H .Lors; 18. CAUSE OF DEATH (Enter only one cause per lipe for (a); PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician DUE TO Conditions, if ony, which gave nse ta immediate cause (a), **DUE TO** stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT ARLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate 20a ACCIDENT WAS UNDERLYING INJURY OCCURRED (Enter nature of injury in Part I ar Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 201. (Stote) factory, street, office bldg., etc.) Hour o.m. Nat While at work 2). I certify that (1) (this hospital) attended the deceased fram 19 6, and that death accurred at M, fram causes and on the date stated above saw the deceased alive an. 22a. SIGNATUR 22b/ BATE SIGNED **ATTENDING** M.D. PHYS DIRECTOR 22c. PHYSTCIAN'S 22d. ADDKE NAME (Type) 23d. LOCATION (City or Town) 23d BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) erstown Rose Caretery 24 FUNERAL DIRECTOR 25d. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS maserstown VR A15 [4] Euneral Hene 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17924 CERTIFICATE OF DEATH be executed within 24 haurs after death death completely filled in by the funeral ove carban papers. Pages 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE **b** COUNTY Washington Maryland Washington MARYLAND ván papers. Pages 1 wíthin 72 haurs after b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Hagerstown days Smithsburg d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) d STREET ADDRESS e 15 RESIDENC ON A FARM? 22 N. Main St. Washington County Hospital YES NO 3. NAME OF Middle 4 DATE remove carban First Lost Month Doy Yeor DECEASED OF 20 66 December Ethe1 Annie Russman 19 (Type or print) DEATH S SEX 6 COLOR OR RACE 9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH (ast birthdoy) Months Doys Hours Jan. 30. 1893 female white and in any WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT the attending physician a during most of working life, even if retired) **COUNTRY?** INDUSTRY Easton, Md. home ate 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, requires that the death certifix Annie Willis George Robinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service) 072-09-9613 Clarence Russman Hagerstown, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE 10 Conditions, if any, which gove rise to immediate couse (o). DUE TO as the prior tak stating the underlying cause by the haspital ar attending has been lost. WAS ALTOPS' PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO/DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6). detached far use te Dept. af Health YES NO Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased fram to Acouth . 19___, that (I) (we) last shauld 1966, and that death accurred at M, fram causes and on the date stated above. saw the deceased alive an 22b DATE SIGNED 22o. SIGNATURE M.D DIRECTOR directar, page shauld be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23o. BURIAL, CREMATION, 23b DATE THEREOF 28c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) removal (Specify) 12-20-66 State of Maryland Anatomical Board 250 REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A35 (4) DATE POS Minnich Funeral Home Hagerstown, Md. 1000

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY a. STATE WASHINGTON MARYLAND WASHINGTON MARYLAND CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENCTH OF STAY IN 1b HAGERSTOWN 10 DAYS HAGERSTOWN bon papers. within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? WASHINGTON COUNTY HOSPITAL 214 E. WASHINGTON STREET YES NO K within carbon 3. NAME OF DECEASED First Middle Last DATE Month Day OF DEATH HARLAN event, **JOHN** RUTHERFORD DECEMBER 66 (Type or print) 19 19 5. SEX 6. COLOR OR RACE 8. OATE OF BIRTH AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED гетоле last birthday) | Months and MATE WHITE AUG. 19,1906 WIDDWED DIVORCED [10e. USUAL OCCUPATION (Cive kind of workdone during most of working life, even if retired)
MGR. SERVICE STATION
GASOLINE STA Ξ 12. CITIZEN DF WHAT 11. BIRTHPLACE (County & State, or foreign country) The law requires that the death certificate be COUNTRY? GASOLINE STATION U.B.A. BERKELEY CO., W. VIRGINIA 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME FRANK O. RUTHERFORD GRACE MILLER 15. WAS DECEASED EVER IN U.S. ARMED FORGES? 16, SOCIAL SECURITY NO. 1 17. INFORMANT HAGERSTOWN OF SMARY LAND (Yes, no, or unkown) | (If yes give war or dates of service) NO RUTHERFORD 214 E. WASH. ST 552-22-7416 burial-transit pern burial, cremation, MRS. DOROTHY INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed DUE TO Conditions, if eny, which gave rise to immediate as the b DUE TO cause (a), stating the underlying cause last. (c). WAS AUTOPSY PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? NO NO 50 PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Pert 11 of Item 18.) 능 DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work p.m. 0 3-11-66 to_/ ? .-19 4 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from... shoul DIRECTOR: M. from the causes and on the date stated above. saw the deceased alive on 12-18 and that death occurred at_3 DATE SIGNED 22a. SIGNATURE ATTENDINGY-12/19/1966 DIRECTOR O HOSPITAL pai 22d. ADDRESS FUNERAL PHYSICIÁN" director, p should be f NAME (Type) DWYER M.D STREET KING HAGERSTOWN. MD. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 12/22/1966 ROSE HILL CEMETERY HAGERSTOWN, MARYLAND ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR CHARLES M. ROUZER HAGERSTOWN, MARYLAND VR A15 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17929 law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH ond completely filled in by the funeral remove carbon papers. Pages 1 and o. COUNTY o. STATE b. COUNTY Washington Washington Maruland MARY AND c CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) CITY OR TOWN (If outside corporate limits, r LENGTH OF STAY IN 16 write RURAL and give negrest town Hagerstown Haaerstown uears d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 163 Belview Ave. Washington County Hospital YES NO R 3 NAME OF 4 DATE Middle 1204 DOY Yeor DECEASED Souble Rose December 11 Agnes 19 66 (Type or print) DEATH IF JNDER 24 HRS 5 SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED last birthday) Months Dovs Hours White WIDOWED DIVORCED Oct. 30, 1930 100 USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT Own Home during most of working life, even if retired) dse Dundalk Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Cliftord H. Parry Rose Marie Franklin Address dagers town Md. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes, no or unknown) (If yes give war or dates of service) 215-26-1781 163 Belview Ave. Mr_Martin F-Sauble INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH burial-tronsit PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (a), **DUE TO** stoting the underlying couse be retained by the hospital or attending os the O FUNERAL DIRECTOR: After this certificate has been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use PERFORMED? YES NO 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) Hour a.m. foctory, street, office bldg , etc.) Dec 11 _ 1966, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from . 19.6/ . ta___ 1966, and that death accurred at 615 AM, fram causes and an the date stated above. saw the deceased alive on. 22b. DATE SIGNED 220 SIGNATURE **ATTENDING** M.D. DIRECTOR PHYS , poge be filed ADDRESS 22d 22c. PHYSICIAN'S NAME (Type) director, should 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 230 REMOVAL (Specify) Rest Haven Cemetery Hagerstown 256 REGISTRAR S SIGNATURE 250 REC D BY REGISTRAR VR A15 (4) 1966 Hagerstown. Md. Tuneral Chapel Kest Haven

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death, PLACE OF DEATH Kesitlerice before admission) 2. USUAL RESIDENCE (Where deceased lived, If institution a. COUNTY b. COUNTY etely filled in by the fubon papers. Pages 1 a within 72 hours after d a. STATE WASHINGTON MARYLAND WASHINGTON MARYLANO CITY OR TOWN (if outside corporate limits, write RURAL and glyo nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b HAGERSTOWN 6 YEARS HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? 24 1840 W.WASHINGTON STREET 1840 W. WASHINGTON STREET YES No IX within etely completely ive carbon NAME OF First Middle Last 4. DATE Month Oav Year DECEASED and c. emove ca. (Type or print) CHARLES WILLIAM SAUNDERS DEATH 19 66 DECEMBER 29 6. COLOR OR RACE 7. MARRIEO X NEVER MARRIEO 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. OATE OF BIRTH last birthday) Months | Oeys Hours 1 MALE WIDOWED [OIVORCEO [SEPT 3.1890 physicialnam nlease ren 1Da. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) þ during most of working life, even if retired) INOUSTRY RETIRED SOLE CUTTER SHOE MANUFACTRNG DOWNSVILLE DIST U.S.A certificate 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME attending ph remova GEORGE HUTZELI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ad by the attend transit permit. 16. SOCIAL SECURITY NO. 1840 W WASHINGTON ST. death (Yes, no. or unkown) (If yes give war or dates of service) HAGERSTOWN 214-09-6298 MRS. LOLA C MARYLAND SAUNDERS INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] burial-transit burial, crema PART I, DEATH WAS CAUSED BY: Coronary Occlusion Instant IMMEDIATE CAUSE (a) OUE TO Cenditions, if env. which Several vears Coronary Artery Disease been gave rise to Immediate as the l DUE TO cause (a), stating the Arteriosclerotic Heart Disease Several years underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health p PERFORMED? certificate NO 🔀 PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) detached for the Dept. of B this MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year I 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be defined with the State Hour a.m. While Not While at work at work p.m. , 1966 to December 29 1966 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from August 1 19.65, and that death occurred at 1.30M, from the causes and on the date stated above. saw the deceased alive on Dec. 22a. SIGNATURE 22b. OATE SIGNED MEO. ATTENOING OIRECTOR __ PHYS. M.O. Pa PHYSICIAN'S 22d. TO FUNERAL **AOORESS** director, p NAME (Type) 21 EDWARD DITTO M.D. W WASHINGTON ST HAGERSTOWN MARYLAND W NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. **OATE THEREOF** REMOVAL (Specify) 166 PAUL'S CEMETERY RURAL CLEAR SPRING 25b. REGISTRAR'S SIGNATURE **FUNERAL OIRECTOR** REC'D BY REGISTRAR I **ADDRESS** ROUZER HAGERSTOWN MARYLAND VR A15 (4) 20M 1/65

11:

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17931 CERTIFICATE OF DEATH certificate be executed within 24 hours after death PHO PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) and campletely filled in by the funeral remave carban papers. Pages 1, and in any event, within 72 hours after de<u>st</u> o COUNTY & COUNTY WASHINGTON MARYLAND WASHINGTON MARYLAND b CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) HANCOCK 1FF HANCOCK MARYLAND B. IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) HOME YES NO V 3 NAME OF First Middle 4 DATE Manth please remave carban Last Day Year DECEASED (Type or print) OF DEC. 4 19 66 HOMER EUGENE DEATH AGE (In years IF UNDER YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Jost birthday) WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a, US_AL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if ret red) R.R. COUNTRY? FULTON COUNTY PENNA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARLEY SCHETROMPF MINNIE PHILLIPS 16. SOCIAL SECURITY NO 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? The law requires that the death (Yes, no grapk nawn) (If yes give war ar dates of service) burial, crematian, or CHARLENE P SCHETROMPF HANCOCK ME 18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p the PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) be retained by the haspital or attending physician. DUE TO Canditions, if any, which agre rise ta immediate cause (a), DUE TO far use as the t i Heofth prior tab stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? far use NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20d, INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Day, Year factory, street, affice blda., etc.) Haur a.m. Not While at wark 19____, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from #/ shauld and that death accurred of 2.50 AM, from couses and on the date stated above. sow the deceased glive on 11/2 22a, SIGNATURE 22b. DATESIGNED. M.D PHYS DIRECTOR r, page be filed PHYSICIAN'S NAME (Type) director. should 23b. DATE THEREOF 23c NAME OF CEMETERY OR-CREMATOR 23d LOCATION (City or Town) (County) (State) 23a. BUR AL, CREMATION REMOVAL (SPACELY) 12.7.66 **DEMASCUS** FULTON. COUNTY PENNA ADDRESS 25g, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

VR A15 (4) 15M 9/59

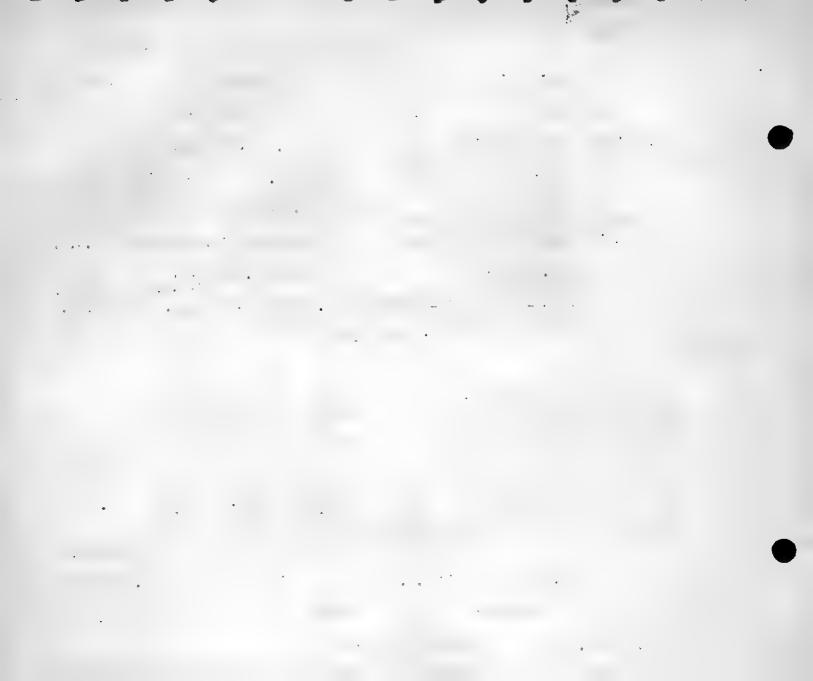
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٨ ALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

1	17932	CERTIFICA	TE OF DEATH	1792	9
<i>,</i>	o. COUNTY Was Ting	+on MARYLAND	2. USUAL RESIDENCE (Where deco	eased lived. If institution: Residence before b. COUNTY	
	b CITY OR TOWN (If outside corporate fin RURAL and give nearest town)		c. CITY OR TOWN (If autside a	arporate limits, write RURAL and give nec	
2	d. NAME OF HOSPITAL (IF not in hospital, on the INSTITUTION HOME)		d. STREET ADDRESS		IS RESIDENCE ON A FARM? YES NO P
	3. NAME OF DECEASED	irst Middle	Seihert DE	TE Month Do	
	5 SEX 7 6. COLOR OR RACE		8. DATE OF BIRTH Show 7 8/ 1971		IF UNDER 24 HRS. Hours Min.
)	100. USUAL OCCUPATION (Give kind of work during most of working life, even if retire Dranz Maken of House	done 106 KIND OF BUSINESS OR INDU	STRY II BIRTHPLACE (Stale or foreign	gn country) 12.CITIZEN OF	WHAT COUNTRY?
	13. FATHER'S NAME	reffer	14, MOTHER'S MAIDEN NAME	Broudla	<u> </u>
	15. WAS DECEASED EVER IN U.S. ARMED FO		HORMANT Mach & Work	nor, Rupt, 100	o Va Ame
	18. CAUSE OF DEATH [Enter only one of			INT	RVAL PETWEEN
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		NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PART 1(a)	9 WAS AUTOPSY PERFORMED? YES NO
		206 DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or	r Port II of item 18.)	
	20c. TIME OF INJURY Month, Doy, You Haur o. m. 19	ear 20d, INJURY OCCURRED 20e PL While Nat while of work of twork	ACE OF INJURY (Hame, farm, 20f ctory, street, office bldg., etc.)	(City or town) (County)	(State)
		attended the deceased fram.		to bee 21 19th th	
	saw the deceased alive on	P. Course	ATTENDING A MED.	am the causes and an the date	22b. DATE SIGNED
7	22c PHYSICIAN'S NAME (Type) Rober	et P. Corread	22d. ADDRESS 137	W washington	77706
	23a BUR AL, CREMATION, 23b DATE THERE	-11 21 .11.	1/2 1	OCATION (City, town, or county)	(Stote)
	24. FUNERAL DIRECTOR'S SIGNATURE 144	gens town ADDRESS IN L	legó- rec o by-re	GISTRAR 255 REGISTRAR'S SIGNATU	RE
	ANDREW K. COFFMAN	Funeral Home Inc	. DATE	y . J. Je	0



	1	MARYLAND STATE DEPARTMENT OF HEALTH 179390N OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 17930
1	after death, the funeral ges 1 and 2 after death.	1. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, 1f institution: Residence before admission) b. COUNTY b. COUNTY
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
	hours of in by srs. Pa 2 hours	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE
	n 24 yeape shin 7	WASHINGTON COUNTY HOSPITAL 55 E. LINCOLN AVE. ON A FARM? YES NO [X]
	within pletel arbon the second th	3. NAME DF DECEASED (Type or print) JOHN LESTER SHAFFER, SR. DEATH DECEMBER 16 19 66
	executed within and completely remove carbon is any eventualship	5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. OATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS.
	certificate be executionally physician and control in Them please remover removal, and in any executions.	10a. United by the state of foreign country) 12. CITIZEN OF WHAT during high state of foreign country) 12. CITIZEN OF WHAT
	ate b hysici pleas al, and	TOOL & DIE MAKER AIRCRAFT WASHINGTON CO., MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME
	ertific ling p Then emova	SOLOMON L. SHAFFER SUSAN E. STOHEFER
	eath certific attending permit. Then	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HAGER 970FN, MARYLAND
•	v requires that the dinding physician. s been signed by the street of the purial-transit prior to burial, cremating.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSED BY: ONE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. OUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Obesity DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. of Rem 18.) The part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. of Rem 18.) 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO COURSED. (Enter nature of Injury In Part I or Part II of Rem 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED AND FACTORY, street, office bidg., etc.) While While St work To County Office bidg., etc.) 21. I certify that (I) (this hospital) attended the deceased from Dec. 17, 1966, to Dec. 16, 1966, that (I) (we) last saw the deceased alive of Dec. 15 1966, and that death occurred at 2:30M, from the causes and on the date stated above. 22a. SIGNATURE 22c. PHYSICIAN'S MED. STAFF DISCONDEL ARTS BIG. HAG. MARYLAND
	TO H TO FI dire	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL (Specify) 12/19/1966 ROSE HILL CEMETERY HAGERSTOWN MARYLAND 24. FUNERAL DIRECTOR ADDRESS 125a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR AI5 (4) 20M 1/65	CHARLES M. ROUZER HAGERSTOWN, MARYLAND OATE DEC 2 2 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17931 17934 CERTIFICATE OF DEATH The law requires that the deoth certificate be executed within 24 hours after death and 2 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) icion and completely filled in by the funeral lease remove corban papers. Pages 1 and and in any event, within 72 hours ofter deat o. COUNTY o STATE b. COUNTY Washington MARYLAND Franklin b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Rural -- Charintan. Hagerstown IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Washington County Hospital NO Too YES Middle 4. DATE 3 NAME OF Lost Doy Year DECEASED OF Elizabeth Shindledecker Fannie DEATH December 196619 (Type or print) AGE (In years IF UNDER I YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthday) Months Doys Hours Female. White WIDOWED 3 DIVORCED Aug. 17, 1890 12 CIT ZEN OF WHAT 10e LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? Highfield, Maryland U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John W. Kint Eliza Shover 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) [(If yes give wor or dotes of service) 181-01-78LOD Mrs. Lillian Shulley, Charmian, Pa. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 moy be retained by the hospital or ottending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse 3 should be detoched for use os the with the Stote Dept. of Health prior to 19. WAS ALTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN, IN PART 1(a) NO TX 20a ACCIDENT WAS JUDERLYING CONTRIBUTING EDAALS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) Not While ot work TO FUNERAL DIRECTOR: After 19 66, ta 12-19, 1966 that (1) (we) las 21. I certify that (I) (this hospital) attended the deceased fram 1966, and that death accurred at GA M, fram causes and an the date stated above saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. 12-20-66 DIRECTOR M.D. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 998 Dalton M. Welty Potomac Ave. Hagerstown, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF (County) 230 BURIAL, CREMATION. REMOVAL (Specify)
Burial Bethel Cemetery Cascade. Maryland 2Sb REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1 20 M 1/66 Fairfield, Pa. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death, dead 2. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY I in by the fu s. Pages 1 hours after of WASHINGTON MARYLAND WASHINGTON MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b HAGERSTOWN 3 MOS. 15 DAY HAGERSTOWN remove carllon papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 441 INDIANA AVE. FRIENDSHIP MANOR NURSING HOME YES NO X within completely 3. NAME OF DECEASED First Middle Last DATE Year Day BESSIE RAY SHOEMAKER 22 (Type or print) DEATH DECEMBER 66 19 executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HR\$ 7. MARRIED NEVER MARRIED last birthday) | Months | Days cien, and FEMALE AUG. 20, 1878 WIDOWEDY DIVORCED and in 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) ease during most of working life, even if retired)
HOMEMAKER INDUSTRY WN HOME death certificate be WASHINGTON CO., MARYLAND attending physic ermit. Then plea removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EDWIN H. MYERS MARY ALEXANDER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) i (If yes give war or dates of service) NO 220<u>-</u> 52<u>-</u> 2116-IT been signed that it is the burial-transit rior to burial, cremati CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior t underlying cause last. (c) 38 r this cerum, detached for use a CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO I YES [PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. Not While at work After p.m. at work _ 19.66_ that (i) (we) last 21. I certify that (I) (this hospital) attended the deceased from C DIRECTOR: 19 66 and that death occurred at 3 4/2 M. from the causes and on the date stated above. saw the deceased alive on 20 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING K MED. 12/23/1966 O HOSPITAL ADDRESS FUNERAL PHYSICIAN'S 22d. director, p should be t NAME (Type) ROBERT CONRAD M.D. W. WASH. ST. HAGERSTOWN. MD. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 12/26/ ROSE HILL CEMETERY HAGERSTOWN. MARYLAND 25a REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS CHARLES M. ROUZER HAGERSTOWN. MARYLAND VR AI5 (4) DATE 20M 1/65



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red is is is	(Yes,	AS DECEASED EVER IN U.S ARMED FO	doles of service)	SOCIAL SECURITY NO	INFORMANT 4 SHILL	DP Address	nora. 1. 1 1/1
ixecut Iding Medico Permir Imovol		N O		DK	2. 4, 11, 2110,	THER	INTERVAL BETWEEN
be executed within "pending in pencil inef Medicol Examine insit permit insit permi	'	B. CAUSE OF DEATH (Enter only of PART J. DEATH WAS CAUSED B	Y / 1-	[d/a/A/J/A/J/d///			ONSET AND DEATH
should be en word "per to the Chief" burial-transit motion, or re		811.9 IMMEDIATE	DUE TO	ia michiamid 111	Acute harbi	cication	12-4 nrs.
woo woo the priol		anditions, if any, which gave	(b)		THOO	CTCSCION	
the s the d to d to o bu		se to immediate couse (o), { ating the underlying couse {	DUE TO				
vertheate should writing the word two rded to the Classed os a burial-tre retrial, cremation,	le Le	st.	(c)				
This certificate should be executacte, writing the ward "pending be forworded to the Chief Medicabe used as a burial-transit permit to burial, cremation, or removal	18 F	ART II OTHER SIGN FICANT CONDIT	IONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	ON GIVEN N PART 1(0)	19 WAS AUTOPSY PERFORMED?
his afe, be to	[\$ L	Oo. EXTERNAL CAUSE WAS	I con pr	COURT HOW AREAS	If the Date of the	D 14 (10)	YES NO
AL EXAMINER: This execute the certificate, ar. Page 4 should be for for your files. TOR: Page 3 should be u gnated, agent, prior to land	토타	RIMARY Tor CONTRIBUTING AUSE OF DEATH.	706. DE:	PEKIRE HOM INJUKT OCCURRED	(Enter nature of injury in Part I	or Port I of tem 18)	
INER shoul files. 3 shoul		OC T ME OF INJURY Month, Day, 1	Yeor 20d IN	JURY OCCURRED 20e PLA	CE OF INJURY (Home, form,	20f (Crly or fown)	(County) (State)
EXAMINER: cute the cert age 4 should your files. Page 3 shou	뮻	Hour a m.	19 While	Not While for	CE OF INJURY (Home, farm, lory, street, office bldg , etc.)	` '	-
Page Page Page Page Page	-	21. I certify that I took	OI FFOIN		eld an Autopsy 🔀 . In	spectian , Inquir	y 📈 and in my apinian
A x a grand for the formal ging					ide 🔲, Hamicide 🔲		
irect grine arine des		CTUAL CO	1 - 0	11.	CHIEF MEDICAL EXAM		OA BATE SIGNED
Y N V N V N V N V N V N V N V N V N V N		IGNATURE CLUBAL	W. OL	170-111	M.D ASSISTANT MEDICAL I		22 DATE SIGNED
necessory, please execute the certificate, writing the ward "pending in pencil in the funeral director. Page 4 should be forworded to the Chief Medicol Examiner's 5 may be retained for your files. To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit finespages. Health or its designated, agent, prior to burial, cremation, or removal, each nony		XAMINER'S Edward W.	Ditto, I	II, M.D.	Address (Street, city,	town, or county) Hage	rstown, Md.
o DE The f	230.	BURIA, CREMATION, 23b D	ATE THEREOF	23c NAME OF CEMETERY OR		23d LOCAT ON (City or Town	
2		DURIAL 1	2/30/66	KEST HAU	EN CEY	HAGERSTOU	W. MD.
VR A15ME (\$)	24.	JNERAL DIRECTOR	1/1/	ADDRESS	250 REC'D BY		STRAR'S SIGNATURE
6M 1/66 1	111	1.1.1183140	H/ 100	gerflow.	MAN DATE IAN	4 1987	The standing



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. and mpletely filled in by the funeral re carbon papers. Pages I and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, a. COUNTY a. STATE Washington b. COUNTY Md. Wash. MARYLAND b CITY OR TOWN (If autside carparate limits, c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b WITH AURAL and DIVE Depress town) years Hagerstown oon papers. within 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Garlock Convalescent Home 2142 Woodland Dr. YES NO F 3 NAME OF DATE Manth Day Year DECEASED OF DEATH Dagmar Amelia Skoog December 19 66 31. (Type or print) S SEX 6. COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH **NEVER MARRIED** (in years IF UNDER 24 HRS. birthdoy) Months Hours female white May 28.1895 WIDOWED SEPARAMENT 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) nursing home signed by the attending physic.or COUNTRY? puo Malmo. Sweden 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removo Peter D. Swanson unknown S WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dotes of service) 220–28–7946 17 INFORMANT James Skoog, Hagerstown, Md. cremotian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Carcinoma Of Breast With General Metastasis DUE TO Conditions, if any, which gove (b) To Liver rise to immediate cause (a). **DUE TO** stating the underlying cause Page 4 may be retained by the hospital or attending as the FUNERAL DIRECTOR: After this certificate has been prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? for use Heolth p NO IX 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detache should be filed with the State Dept. 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) at work 21. I certify that (1) (this haspital) attended the deceased from Feb. 1 the deceased fram <u>Feb. 1</u>, 1966, ta <u>Dec. 31</u>, 1966, that (I) (we) last 19.66, and that death accurred at <u>6 A.M., fram causes and on the date stated abave.</u> saw the deceased alive an Dec. 30. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF PHYS. M.D. DIRECTOR 12-31-66 PHYS 22c PHYSICIAN S 22d. ADDRESS NAME (Type) Washington St. Hagerstown 23a BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 1-2-67 Hagerstown, Md. Cemetery 2 Rose Hill 24. FUNERAL DIRECTOR ADDRESS 2Sa REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE VR A15 (4) 20 M 1/66 Minnich Funeral Home, Hagerstown, Md. JAN

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE G 38 DEATH law requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution the attending physician and completely filled in by the funeral sit permit. Then please remove carban papers. Pages Land PLACE OF DEATH a. COUNTY b. COUNTY Washinston Washington MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits, write BURAL and give negrest town)

Kural (agerstown) 3 weeks Haaerstown d NAME OF HOSPITAL OR INSTITUTION (It not in haspital give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS Avalon Manor Nursing Home YES NO Rockel NAME OF Middle last Day Year DECEASED Sophie Smith OF DEATH December 19 66 (Type or print) IF UNDER 24 HRS S SEX DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last pirthday) Months Hours White May 24, 1906 WIDOWED * DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT COUNTRYSSA during mast of warking life, even fretired) INDUSTRY Purcisono Md. Housewife Own Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jenny Chassen William Herman Ohio 43762 1S WAS DECEASED EVER IN US ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service) 17 INFORMANT 16. SOCIAL SECURITY NO Address Wilma S. Hills 160 Harper St. New Concord 218-50-3370 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH burial-transit Chronic hymphocytic lenkersia IMMEDIATE CAUSE (a). signed by DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 5 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Not While at work at wark 4-3, 1939, ta 12-22, 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram_ 12/19 19 66, and that death accurred at JA. M. fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22g SIGNATURE ATTENDING STAFF PHYS John H. Stoon Galor 12-23-66 M.D. 22d. ADDRESS 154 West Washington St. 22c PHYSICIAN'S John H. Hornbaker, M.D. NAME (Type) Hagerstown, Md. 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City or Town) 23b DATE THEREOF (State) (County) Arlington National Cemetery Fort Myer Va-25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Hagerstown Md Rest Haven

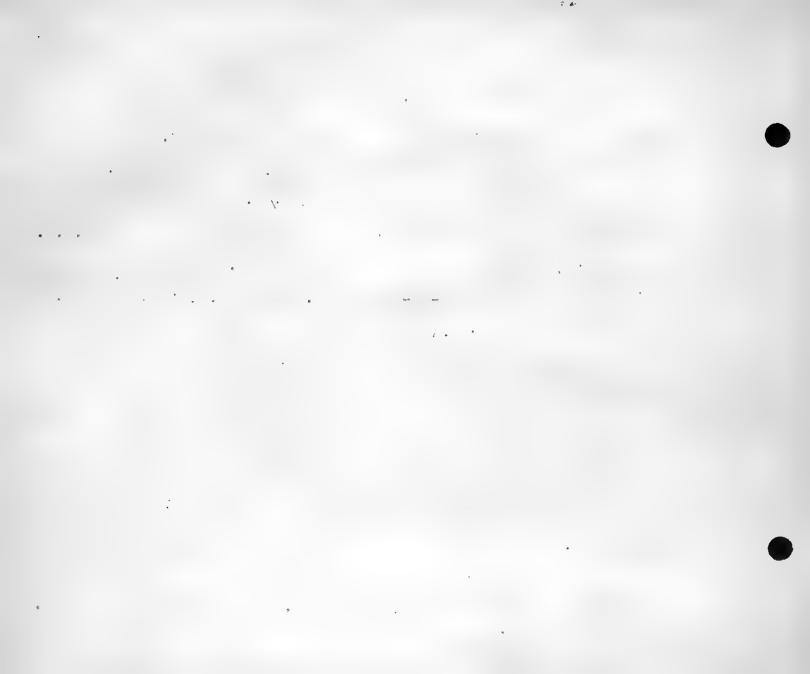
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY WASHINGTON b. COUNTYWASHINGTON MARYLAND Pages 1 urs after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag in 72 hours LIFE HAGERSTOWN Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS 24 ON A FARME HOSPITAL N. MULBERRY WASHINGTON COUNTY NO Z YES T carbon p executed within completely n and completely remoye carbon in any event, wit NAME OF First Middle DATE Month Year Last Day DECEASEO FENTON FRED SNYDER DECEMBER 18 19 66 (Type or print) DEATH 6. COLOR OR RACE DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last_birthday) Months Days Hours MALE WIDOWED DIVORCED X attending physician a ermit. Then please re on, or removal, and in a 10a. USUAL OCCUPATION (Give kind of work done) .= 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate be during most of working life, even if retired) MARYLAND CUSTODIAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM SNYDER NELLIE G. BAILEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. | 17. INFORMANT Address I.I.S CHURCH the attendit permit. (Yes, no, or unkown) (If yes give war or dates of service) VA. MRS. THELMA A. SEALOCK NO certificate has been signed by the all hed for use as the burial-transit pern t, of Health prior to burial, cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ti Page 4 may be retained by the hospital or attending physician. 己水入らてハマル - MRC-IMOTHA IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which MERCHANA gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this certified be detached for State Dept, of H 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part |) of Item 18.) MEDICAL (State) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 1963 director, page 3 should should be filed with the should ith the 21. I certify that (I) (this hospital) attended the deceased from 13 June 2 to 18 050 1966, that (I) (we) last 19 60, and that death occurred at 3 5 M, from the causes and on the date stated above. saw the deceased alive on. IT DEC. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DEC. 19166 PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) N. POTOMINE 212 244 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURAL (Appecify) HAGERSTOWN HILL CEM. MD \bullet 12/20/66 ROSE ADDRESS REC'D BY REGISTRAR I 25b. REGISTRAR'S SICNATURE **FUNERAL DIRECTOR** AI5 1/65



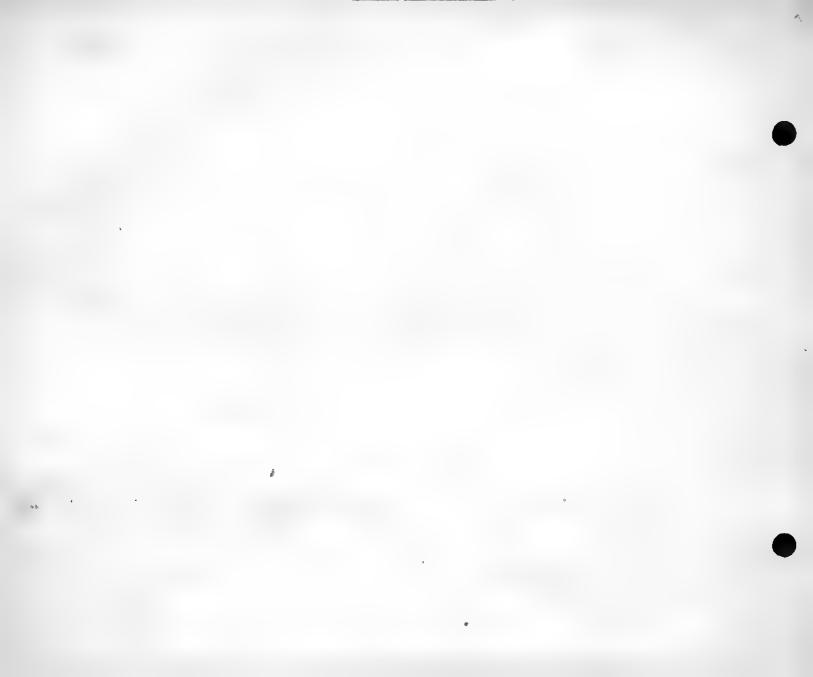
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE A. CERTIFICATE OF DEATH and P death. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY WASHINGTON MARYLAND WASHINGTON 24 hours after MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
HAGERSTOWN c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DAYS HAGERSTOWN bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address filled i IS RESIDENCE ON A FARM? d. STREET ADDRESS 744 GUILFORD AVE. WASHINGTON COUNTY HOSPITAL YES NO X executed within carbon 3. NAME DE First Middle Last DATE Month Oay Year DECEASED in any event, ELIZABETH MERCER STARKEY DEATH DECEMBER 18 66 (Type or print) 19 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 7. MARRIEO NEVER MARRIEO гетоуе Jast birthday) Months I and and FEMALE NOV. 16.1894 WIDOWED Y DIVORCED 10a. USUAL OCCUPATION (Giva kind of work done | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) OWN HOME COUNTRY? U.S.A. CLARKE CO. . VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending JOSEPH STARKEY ADA **EDWARDS** 17. INFORMANT HAGERSTOWNESS MARY LAND ned by the attered il-transit permit. il, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, po, or unkown) death 220-26-5042 MRS RALPH 321 DEVONSHIRE RD 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acutecirculatory failure due to arteriosclerotic days signed been signed the burial-tri heart disease Arteriosclerotic hypertensive disease vrs Conditions, if any, which gave rise to immediate as the prior to DUE TO cause (a), stating the Dibbetes mellitus yrs underlying cause last. CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY detached for use e Dept. of Health certificate PERFORMED? YES T NO M 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part i or Part ii of item 18.) 20c. TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work p.m. Dec. 11 Dec. 3 should with the should 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 7:15M, from the causes and on the date stated above. saw the deceased alive on Dec. 22a. SIGNATURE DATE SIGNED ATTENDING PHYS. STAFF PHYS. 12/19/1966 OIRECTOR -Da O HOSPITAL PHYSIC PACUS " 22d. AOORESS O FUNERAL director, p should be LAYMAN M.D PROFESSIONAL ARTS BLG. HAG. MARYLAND BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) RIPSEMOVAL (Specify) 12/21/1966 HAVEN CEMETERY HAGERSTOWN, MARYLAND REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS CHARLES M. ROUZER HAGERSTOWN, MARYLAND VR AI5 20M



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceosed I ved, if institution. Residence before admission o COUNTY o STATE Page 45 death. MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and a veinearest town) pub after e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS hours along with farm 8. Give Pages aşp YES 🗌 NO F haurs after death NAME OF Middle 4 DATE Lost Doy Year DECEASED the within (Type or print) DEATH De. C. 9 AGE (In years S. SEX 6. COLOR OR RACE 7. MARR ED T NEVER MARRIED 8. DATE OF BIRTH lost birthday) WHITE W DOWED D YORCED event 1Db KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 1Do JSUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) INDUSTRY COUNTRY? 24 QUY Sayner Mta 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Dence pup 16 SOCIAL SECURITY NO INFORMANT ar remayal, UNKNOWN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN PART I CTATH WAS CAUSED BY IMMEDIATE CAUSE (a) ward This certificate should crematian, DUE TO burial 1 Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse last burial, nsed WAS AUTOPS PART 1 OTHER SIGNIF CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? YES NO ₽ 2Do EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) prior PRIMAR OF CONTRIBUTING CAUSE OF DEATH 2De PLACE OF INJURY (Home, form (City or town) (County) T ME OF INJURY Month, Dov. Year foctory, street office bldq etc.) Not While FUNERAL DIRECTOR: Page FUTIN of work des.gnated 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry Inspection ond in my bpinion the funeral directar. Undetermined monner deoth resulted from: Notural couses be retained CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** may Health Address (Street, city, town, or county) BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY (Stote) 0 KEMOU'AL (Specify) 24 FUNERAL DIRECTOR 250 REC'D, BY REGISTRAR REGISTRAR S SIGNATUR VR A15ME (5) AGERSTOWN Maryland DATE 6M 1/66



1 (M	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	17943 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17941)
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admiss a. COUNTY
(1) + :	Washington MARYLAND O. STATE Maryland b. COUNTY Washington
ecessary, e funeral may be partment	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ecessa er fune may partme	Hagerstown 62 yrs. Hagerstown
三年の 号葉	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDER ON A FARM
200 E	Washington County Hospital 309 Summit Ave. YES NO
If any dell 1, 2, and m PM3. In PM3. Iith the St	3. NAME OF GECEASED (Type or print) William Walter Wait Death December 27 1966
E 2,2	5 SEX 16 COLOR OF PACE 1 - 15 THE PACE TO THE PACE TO
death. If a Pages 1, 3 (ith form Pand 2 with rent within	Male White WIDOWED DIVORCED July 17, 1873 93 yrs. Hours M
ive Pai with with and event	108. USUAL OCCUPATION (GIVE kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
after Give ong w es 1 a	during most of working life, even if retired) INDUSTRY Locomotive Engineer Kailroad Phillipsburg. N.J.
urs after dear 18. Give Pa along with ages 1 and in any event	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
t hour ffice ille pa	William V. Wait Matilda Beck
250	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)
within pencil niner's permit.	(Yes, no, or Linkown) (If yes give war or dates of service) 714-12-9441 A Mrs. Ann Dean Smith 309 Summit Ave.
	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: // () /
msit or	and of IMMEDIATE CAUSE (a) Hype Static Insumonia + Bonign 5- 8 day
EXAMINER: This certificate should be executed within e certificate, writing the word "pending" in pencil hould be forwarded to the Chief Medical Examiner's lies. OR: Page 3 should be used as a burial-transit permit signated agent, prior to burial, cremation, or remova	conditions, if any, which I DUE TO Wephrosclerosis (= Ozemi'a) Secondary 7-8 days
Med Med Juria	gave rise to immediate
should word "I Chief M as a bu	underlying cause lest. (c)
te shu e wor se Ch ed as	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED
ficate the othe used to bu	1 Prostatic Hypartrophy, Benign
EXAMINER: This certificate the certificate, writing the mhould be forwarded to the files.	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED PERFORMED YES NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO THE POPUL OF LOCAL CONVOLASCENTY HOME. Fall in Product of Local Convolascenty Home.
This cer e, writin invarded should b	CAUSE OF DEATH. ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete
R: This ate, wr forward 3 should agent,	Hourseam. While — Not While & factory, street, office bldg., etc.)
IMINE ertific Id be Page	
EXAM nhould files. OR: P esigna	21. I certify that I took charge of the remains described above, held an Autopsy, inspection, inquiry [×], and in my opin death resulted from: Natural causes, Accident [×], Suicide, Homicide, Undetermined manner
	CHIEF MEDICAL EXAMINER
MEDIC. cecute to Page 4 or your cor its or your	SIGNATURE CANAL WILL AND ASSISTANT MEDICAL EXAMINER [] 22. DATE SIGN
Y MEDIC execute Pame I for you MAL DIRE	DEPUTY MEDICAL EXAMINER 42 -28-66
	NAME (Type) Edward W. Dicto, III, Pl.D. Address (Street, city, town, or county) Hagerstown, Md.
O DEPUT please director retained retained of Heal	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
F	Burial 12/29/66 Rest Haven Cemetery Hagerstown Md. 24. FUNERAL DIRECTOR 1/2 ADDRESS 25a, -REC'D BY REGISTRAR'S SIGNATURE
VR A15ME	Way. a. Norst
3500 4-64	Rest Haven Funeral Chapel Hagerstown, Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17844 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 aurs after death., requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COUNTY n. STATE **b** COUNTY Washington Wash. MARYLAND c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate immits. write RURAL and give nearest town) Chewsville Hagerstown 1 vear ban papers within 72 ha IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) and campletely filled in remove carban papers Waltz Rd Garlock Convalescent Home YES 🔲 NO F Middle 3 NAME OF 4 DATE Month Day Last Year DECEASED OF Arthur Keller Waltz Dec. 5, 66 19 (Type or pnnt) DEATH IF UNDER 1 YEAR LE LINDER 24 HRS S SEX DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** last birthdoy) Hours Feb. 23. 1884 male white WIDOWED DIVORCED TOP KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 10a USLAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) college physician c during most of working life, even if retired) **Professor** COUNTRY? Chewsville, Md. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Martha A. Swope John J. Waltz or remay attending p permit. The 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. permit. (Yes, no, or unknown) [(If yes give wor or dotes of service) John Waltz, Sr., Smithsburg, Md. no crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary occlusion Instant IMMEDIATE CAUSE (a). DUE TO signed | burial, Conditions, if any, which gave Arterioscletotic cardiovascular disease 10 years rise to immediate couse (a). DUE TO stating the underlying couse as the priar tal by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) use far use Health NO X 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (County) 20c TIME OF INJURY Month, Doy, Year Not While foctory, street, office bldg., etc.) Hour o.m. OR ATTENDING ot work at work 11-21 19 66 to 12-5 , 19 66, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. shauld be retained 8 - 2319 66, and that death accurred at 3:15P. M. fram causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING DIRECTOR 12-6-66 M.D. PHYS. 22d. ADDRESS 22c PHYSICIAN'S 4 may Charles F. Hess, M.D. NAME (Type) Smithsburg, Maryland 21783 director, I 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Page 4 230 BURIAL CREMATION 23b DATE THEREOF (County) (State) REMOVAL (Specify) 12-8-66 Smithsburg Cemetery Smithsburg, Md. ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Miarles VR A15 (4) 20 M 1/66 1966 Minnich Funeral Home, Hagerstown, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17945 CERTIFICATE OF DEATH and 2 be executed within 24 hours after death bnd camptetely filled in by the funeral remave carban papers. Pages 1 and n any event, within 72 hours affer deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission b. COUNTY Washington o. COUNTY o. STATE Washington Maryland **MARYLAND** b. CITY OR TOWN (If outside corporate limits, ELENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Rural Smithsburg Rural Smithsburg 3 mo. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? YES 🙀 NO 3 NAME OF First 4. DATE Lost Month Dov Year DECEASED Alta F. West Dec. 26 DEATH 19 66 9 AGE (In years S SEX 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED birthdovi Months Hours Feb. 4, 1886 Female White WIDOWED DIVORCED 100 LSLAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY Gompanion
13 FATHER'S NAME Domestic requires that the death certificate Frederick Co., Md. 14. MOTHER'S MAIDEN NAME signed by the attending phy burial-transit permit. Then William West Margaret Ott IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) ((If yes give wor or dotes of service) Mrs. Lloyd Sensenbaugh Emithsburg 3. burial, crematian, CAUSE OF DEATH (Enter only one couse per line to; (o), (b), and (c).)
 PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, of only, which gove rise to immediate couse (o), DUE TO for use as the b f Health priar tab stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS ALTOPSY PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH director, page 3 shauld be detached should be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While ot work ot work , 1966, to, 20/ d / , 1966 that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceased from 1 19 _ ___ and that death occurred at ____ M; from causes and on the date stated above. sow the deceased alive on 4 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN S NAME (Type) 23b DATE THEREOI 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, REMOVAL (Specify) 2/28/1966 Lantz, Frederick, Md Cemetery **Bethel** 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25b. REG STRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Waynesboro, Penna

1/1

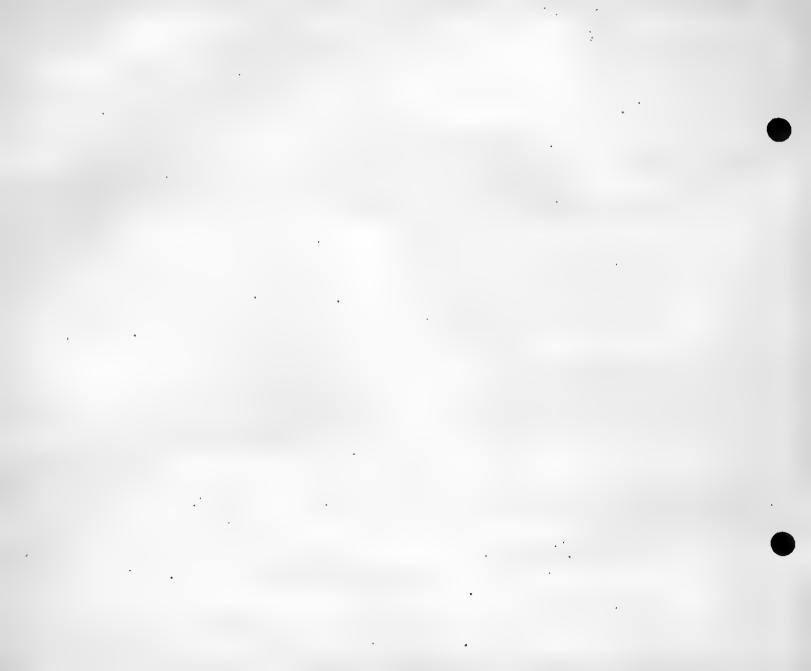
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. b. COUNTY a. STATE WASHINGTON MARYTAND WASHINGTON MARYLAND Department after death. 13 to the funeral Page 5 may be b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (If outside corporate limits, write RURAL and give neerest town) C. LENGTH OF STAY IN 1b 5 YRS. HAGERSTOWN HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? State hours 1821 BURNSIDE DRIVE BURNSIDE DRIVE No X Middle DATE Month Year 3. NAME OF First Last DECEASED DEATH (Type or print) RIMER WHARTON DECEMBER 19 66 HERMAN 2 with within AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED V NEVER MARRIED [last birthdey) Months Days Hours MALE WHITE WIDOWED DIVORCED 15,1902 event 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) COUNTRY? FOREMAN U.S.A. MFG. PENNSYLVANIA ---13. FATHER'S NAME MOTHER'S MAIDEN NAME MARGARET E. GUY CHARLES D. WHARTON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? HAGERSTOWNS MARYLAND 16. SOCIAL SECURITY NO. I 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) 176-12-0053 1821 BURNSIDE MRS. CARRTE WHARTON INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: hours Coronary Occlusion IMMEDIATE CAUSE (a) cremation, DUE TO Conditions, if any, which Arteriosclerotic Heart Disease Recent (b). gave rise to immediate **DUE TO** cause (a), steting the underlying causa last. used as a to burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY ICATION PERFORMED? NO T YES 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. OFSCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert 1 or Part 11 of Item 18.) 0.0 CERTIF 필급 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) MEDICAL 20c. TIME OF INIURY Month, Day, Year 20f. (City or town) (County) factory, street, office bidg., etc.) Hour s.m. Not While at work at work CTOR: Page designated and in my opinion the cert 21. I certify that I took charge of the remains described above, held an Autopsy Inspection -Inquiry director. Page 4 should retained for your files. TO FUNERAL DIRECTOR: Por of Health or its designa Undetermined manner Natural causes x . Accident Suicide Homicide death resulted from: CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MED DEPUTY MEDICAL EXAMINER X EXAMINER'S DITTO. JR. WASHINGTON WSTWM HAGERSTOWN. MD. W. NAME (Type) 23d. LOCATION (City, town or county) DATE THEREOF NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. 0 BUK LAT OAK PARK CEMETERY 12/4/1966 NEW CASTLE, PENNSYLVANIA 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS CHARLES M. ROUZER VR A15ME (5) HAGERSTOWN. MARYLAND 1/65



American State	1 (N:	MARYLAND STATE DEP DIVISION OF STATISTICAL RESEARCH AND RECORDS,		MARYLAND
3	E 75	17947 CERTIFICATE		17944
hours after death	funeral and 2 death:	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution:	Residence before admission
į.	the fu	WASHINGTON MARYLAND	a. STATE N. CAROLINA b. COUNTY CA	BARRUS 🗸
- E	by the Pages	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURA	L and give nearest town
ours	.E _ S	HAGERSTOWN 7 MOS.	CONCORD	72.3
24 1	filled papers in 72	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 52 BROADWAY	d. STREET AOORESS	0. IS RESIDENCE ON A FARM?
	\$ 55 6 25 7 5		86 BLUME AVE.	YES NO X
The law requires that the death certificate be executed within or aftending physician.	n and completely filled in any event, within 72 h	DECEASED	DF	18 ₁₉ 66
ted	and comple remove car any event,	INTEREST OFFICE AND	DATE OF BIRTH 9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HR
noe	any or		JULY 4, 1889 77 yrs. Months	Oays Hours Min.
© 0	E E	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT
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fical	E S	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
serti	ight man	WILLIAM N. BEAVER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	MARY A. BOST INFORMANT HAGER STOWARD TOWARD TO STOWARD	TAIT
ŧ	signed by the attending phousel-transit permit. The permit cremation, or removal	(Yes, no, or unknown) (If yes give war or dates of service)	THIOTHOUGHT & TIMET	
ä	the ation	18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c).]	S. LAWRENCE STRUNK 52 BROADW	
a the	Parit E	PART I. DEATH WAS CAUSED BY:	1 Manton	ONSET AND DEATH
that	igned ial-tra rial, cr	332/ IMMEDIATE CAUSE (a) DUE TO	1	1
res phy	Signation	Conditions, if any, which) (b) Central Conditions	allumburon	Mede?
edul	has been as the by prior to b	gave rise to immediate cause (a), stating the DUE TO	al a forman	1
aw I	as as prio	underlying cause last. (c) PART H. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEPTH BUT NOT RELATED.	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118) (16 WAS AUTOPSY
he I	ertificate had for use of Health	PART H DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BULLOUS COURS OF DEATH OF EACH PART OF THE SIGNIFICANT CONTRIBUTING TO CAUSE OF DEATH OF COURS OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (8	PERFORMED?
7. T	certificate ned for use t. of Health	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR	RRED. (Enter nature of Intury in Part I or Part II of Item 1	Α.
ICIA Ospi	t ed			
PHYSIGIAN: The law requires that the hospital or aftending bivolician.	this ce etache Dept.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (City, street, office bidg., etc.)	ounty) (State)
45 ≥		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factory with the p.m. 19 While at work at work	y, sidest, oniconings, etc.)	Miles and the second se
	750	21. Jeertify that (I) (this hospital) attended the deceased from	1906, to 000, 19	, that (I) (we) las
ATTENDE	DIRECTOR: 1ge 3 should led with the		death occurred at // 2M, from the causes and on	the date stated above
52	LOUI CTO COM	22a SIGNATURE SI	ATTENDING MED. STAFF 12	/19/1966
	AL D	22c. PHYSICHAPD T RINCORD M.D.	PHYS. DIRECTOR PHYS. 22d. ADDRESS	1-71-7-0
₽.4	- 🖂 8 二 /	NAME (Type) RICHARD T. BINFORD M.D.	1135 POTOMAC AVE, HAGERST	OWN, MD.
O ROS	Shours (23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY RESEAUVAL (Soecify) 12/18/1966 OAKWOOD CEMEN		
F	Ĭ.	REMOVAL (Soecify) 12/18/1966 OAKWOOD CEMET	TERY CONCORD, N. CARO 1 25a. REC'D BY REGISTRAR 1 25b. REGISTRA	OLINA
Lim	(A) 21A	CHARLES M. ROUZER HAGERSTOWN, MARYLAND	25000 0000 00	anela a Ocadas
	AI5 (4) A 1/65	THE TOOLER MAGERIATOWN, MARTITAND	DATE UEU 2 3 1906	The state of the s



17948 CERTIFICATE OF DEATH PLACE OF DEATH a. COUNTY Washington MARYLANO D. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write) C. CITY OR TOWN (if outside corporate limits, write)	RE 1, MARYLAND
	litution: Residence before admission
a. COUNTY Washington MARYLANO	TY to an
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLANO MARYLANO MARYLANO MARYLANO C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	ng ton te RURAL and give nearest town)
Hagerstown 2 Days RFD 2 Williamsport	,
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Washington County Hospital	YES NOTE
NAME OF First Middle Last 4. DATE Month OF	Day Year
(Type or print) Curtis Mathew Whittington DEATH Dec 5	22 1966
last birthday)	IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min.
Male White WOOWEO DIVORCEO Dec 20.66 yrs.	
Oa. USUAL OCCUPATION (Give kind of work done luring most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	USA
Lloyd Franklin Whittington Judy Marie Grove	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1.16. SOCIAL SECURITY NO. 1.17. INFORMANT.	s
(Yes, no, or unkown) (If yes give war or dates of service)	liamsport, Md.
	INTERVAL BETWEEN ONSET AND/DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HARMED HYBER AND HOLDER AND	INTERVAL BETWEEN ONSET AND/DEATH
1/3.0 OUE TO	
Conditions, If any, which	
gave rise to immediate (cause (a), stating the OUE TO	
underlying cause last. (c)	A TAKE LOS WAS ALITOPON
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1) of	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of	120111 201)
	(County) (State)
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21. I certify that (ii) (this hospital) attended the deceased from Dec 20, 1965 to Dec 20	2, 1966, that (I) (we) last
	22b. DATE SIGNED
saw the deceased alive on 12-21 1960, and that death occurred at 9:13M, from the causes a	10 -0-1
saw the deceased alive on 12-21 1960, and that death occurred at 9 7 MM, from the causes a 22a. SIGNATURE M.O. PHYS. MEO. OIRECTOR STAFF PHYS.	12-23-66
saw the deceased alive on 12 - 21 19 60, and that death occurred at 9 7 MM, from the causes at 22a. SIGNATURE M.O. PHYSICAL MEO. STAFF PHYS. DAME (TAYS) 22c. PHYSICAL PHYSI	12-23-66 + WJ
saw the deceased alive on 12-21 1960, and that death occurred at 9.7 AM, from the causes a 22a. SIGNATURE M.O. PHYS. OIRECTOR STAFF PHYS. NAME (Type) PHYS. BYLK; + 22d, ADDRESS NAME (Type) PHYS. Dill; 8 LL Sport	12-23-66 + Wd.
saw the deceased alive on 12-2/1960, and that death occurred at 7/2M, from the causes a 22a. SIGNATURE M.O. ATTENDING MEO. STAFF PHYS. OIRECTOR PHYS. D 22c. PHYSICIAN'S NAME (Type) F By K; + 22d, ADDRESS NAME (Type) PHYS. D 23a. BURIAL, CREMATION, 23b. OATE THEREOP 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, township) PHYS. D 23a. BURIAL, CREMATION, 23b. OATE THEREOP 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, township) PHYS. D 23a. BURIAL, CREMATION, 23b. OATE THEREOP 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, township) PHYS. D 23a. BURIAL, CREMATION, 23b. OATE THEREOP 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, township) PHYS. D 23b. D 23c. PHYSICIAN'S NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, township) PHYS. D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, township) PHYS. D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, township) PHYS. D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, township) PHYS. D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, township) PHYS. D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, township) PHYS. D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, township) PHYS. D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, township) PHYS. D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, township) PHYS. D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, township) PHYS. D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, township) PHYS. D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, township) PHYS. D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, township) PHYS. D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, township) PHYS. D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, township) PHYS. D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, township) PHYS. D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, township) PHYS. D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City,	12-23-66 + Wd. wn or county) (State)
saw the deceased alive on 12-2/ 1969, and that death occurred at 9/3M, from the causes a 22a. SIGNATURE M.O. PHYS. OREGTOR PHYS. D 22c. PHYSICIAN'S NAME (Type) PHYS. D 23a. BURIAL, CREMATION, 23b. OATE THEREOP 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town Bull 14 (Specify) Dec 24,66 Park Head Park Head	WIND OF COUNTY) (State)
saw the deceased alive on 12-3/1969, and that death occurred at 9/2M, from the causes a 22a. SIGNATURE MEO. STAFF OIRECTOR PHYS. 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b. OATE THEREOP PARK Head Park Head	Mamuland

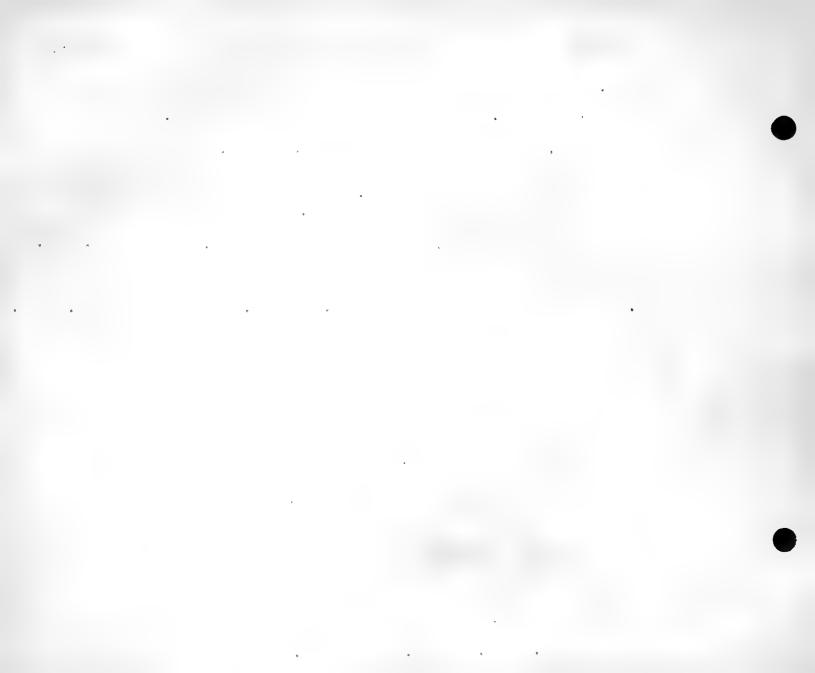


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7949 funeral and 2 death. death. PLACE OF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) the 1 b. COUNTY a. STATE in by the fast. Pages 1 hours after after Wash ington District of Columbia MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport Washington bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Williamsport Sanitarium ND X YES letely completely ove carbon 3. NAME OF First Middle DATE 4. Month Year DECEASED OF DEATH Anna Bucha Winstead event. (Type or print) December 16 19 66 executed 6. COLOR DR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Min. and cor DATE OF BIRTH 8. February 20 any Female White WIDOWED TO DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY hysician please r 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? certificate be Poolsville, Maryland Retired Saleslady U.S.A. Haberdashery 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME transit permit. Then, cremation, or remove Hester Ann Whipp Aaron B. Hersberger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) I(If yes give war or dates of service) 577-03-9511 Robert H. Winstead-Martinsburg, W. Va 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 8443 IMMEDIATE CAUSE (a) signed buri Auevisus Conditions, If any, which been gave rise to immediate また **DUE TO** cause (a), stating the prior . underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate NO/Z YES [20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) ö hed this detach MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While p.m. at work at work retained DIRECTOR: A age 3 should lied with the S 12.15.66, 19 21. I certify that (I) distribusing attended the deceased from that (I) (see last saw the deceased alive on 12.1 M. from the causes and on the date stated above. and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED De De MED. DIRECTOR page ATTENDING STAFF 12.16.66 Page 4 may M.D. PHYS. PHYS. FUNERAL PHYSICIAN'S director, p should be 1 22c. 22d. ADDRESS NAME (Type) Byrkit Williamsport Maryland 21795 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 REMOVAL (Specify) Monocacy Cemetery Bealls ville Maryland
250 PREC D BY REGISTRAR 250, REGISTRAR'S SIGNATURE
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250 PREC D BY REGISTRAR'S SIGNATURE
250 PREC D BY REGISTRAR'S SIGNATURE 12-19-1966 Buria1 24. FUNERAL DIRECTOR Howard K. Brown VR A15 (4)() Brown Funeral Home Martinsburg. West DATE 20M

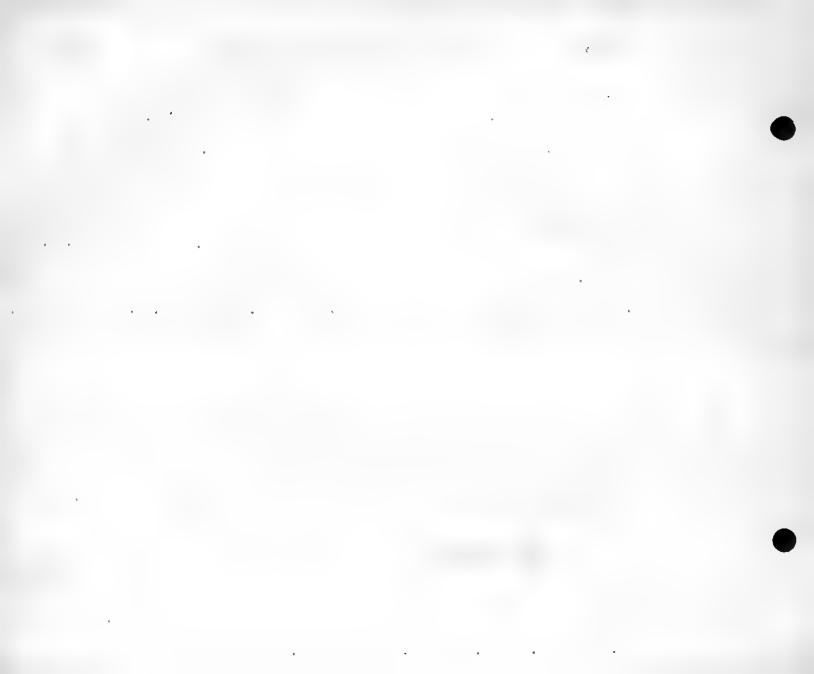
MARYLAND STATE DEPARTMENT OF HEALTH



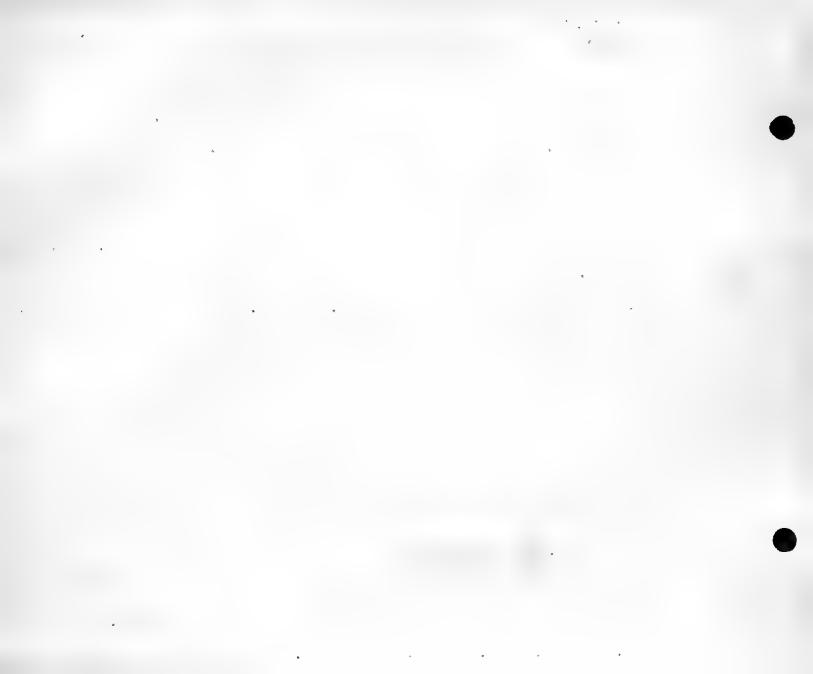
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17950 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) Washington o STATE Maryland and 3 to M3 Page ofter deoth. MARYLAND Washington delay 1 Deportment b CITY OR TOWN (If autside carparate limits, c CIY OR TOWN (If autside carparate I'm ts write RURA, and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest tawn).
Rural Boonsboro Rfd. 2 Life Rural Boonsboro Afd. 2 d NAME OF HOSPITAL OR INSTITUTION (finat in haspital give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? hours Item 18. Give Poges 1, Office along with form Stote Park Hall Rd. YES NO TX Park Hall Rd. hours after deoth NAME OF Last 4 DATE n 72 Month Day DECEASED Allen Witek Dwayne DEATH December 13 with WITH S SEX 6 COLOR OR RACE 7 MARRIED B DATE OF BIRTH 9. AGE (n years IF UNDER YEAR F UNDER 24 HRS NEVER MARRIED last birthday) Months Hours Male White WIDOWED DIVORCED Nov. 20, 1963 Ó 11 BIRTHPLACE (State or fare gri country) Da USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? in any Hagerstown, Md. Ξ None None pencil 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within Lester S. Witck Lola May Mongan рио IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 6 SOCIAL SECURITY NO 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service) removol. Mr. Lester S. Witek, Boonsboro Rfd. 2, Md. pending No. None IB CAUSE OF DEATH (Enter only one cause per ne for (a), (b) and (c) PART DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH burial-trans ö burns and anoxia IMMEDIATE CAUSE (a) ___ s a burial-tra cremation, a This certificate should e, writing the word forworded to the Ch DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause used os burial, c last. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO X please execute the certificate, agent, prior to 20g EXTERNA, CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part 1 of item 18) PRIMARY ar CONTRIBUTING Trailer caught fire Poge 4 should CAUSE OF DEATH. MEDICAL 20c TIME OF HUNRY Manth, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame form 20f (City or town) (County) (State) factory, street office bldg , etc.)
Traller While Nat While at wark moy be retained for your FUNERAL DIRECTOR: Poge 12/131966 Boonsboro Wash. designated 21. I certify that I tack charge of the remains described above, held an Autopsy Inspect on 🔼 Inquiry [and in my opinion the funeral director. deoth resulted from: Neteral causes . Accident 🕱 Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 5 moy be reto
TO FUNERAL DI
Heolth or its c ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 580 Northern Ave. O DEPUTY **EXAMINER'S** Howard Weeks. M.D. Address (Street, city town, or county) Hagerstown. Md. NAME (Type) 236 DATE THEREOF 23d LOCATION (City or Town) 23a BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 12-15-66 Boonsboro Md FRAR 256 REGISTRAR'S SIGNATURE Boonsboro Cemetery REC D BY REGISTRAR 24 FUNERAL DIRECTOR VR A 15ME (5 John H. Bast, Jr. 112 N. Main St. Boonsboro, Md 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17951 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, f institution. Residence before admission) a COUNTY Washington o STATE Maryland Washington 2, and 3 ta PM3. Page delay is and 3 ta nent af death. MARY, AND Department c CTY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (f autside corporate imits, CLENGTH OF STAY IN 16 Rural Boonsboro after Life Rural Boonsboro Rfd. 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RES DENCE haurs in Item 18. Give Pages 1, r's Office alang with farm ON A FARM? Park Hall Rd. Park Hall Rd. ate YES NO 24 haurs after death. 3 NAME OF with the St. First Middle 4 DATE Doy Year DECEASED QF Jeffrey Witek (Type or print) Lynn DEATH December 13. 9 AGE (In years S SEX 6 COLOR OR RACE IF UNDER 1 YEAR | IF UNDER 24 HRS 7 MARRIED B DATE OF BIRTH NEVER MARRIED last birthday) Manths Days Haurs August 11.1962 WIDOWED DIVORCED Male White event 10a USJAL OCCUPATION (Give kind of work done during most of working life even if ret red) and 11 BIRTHPLACE (State or foreign country) 10b K ND OF BUSINESS OR 12 CT ZEN OF WHAT INDUSTRY COUNTRY? Hagerstown, Md. d "pending" in pencil in Chief Medical Examiner's pencil 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within Lola May Mongan Lester S. Witek 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes no, ar unknown) [f yes give wor or dates of service] ar remaval. Mr. Lester S. Witek, Rfd. 2, Boonsboro, Md. No. None CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit Sudden burns and anoxia AMMEDIATE CAUSE (a) ward This certificate shauld burial, crematian, DHE TO Canditions, if any, which gave icate, writing the be farwarded to rise to immediate cause (a). DUE TO stating the underlying couse o last. QS O PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? please execute the certificate, YES NO A agent, priar ta 20a. EXTERNAL CAUSE WAS PRIMARY 30 or CONTRIBUTING □ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 1 of item 18.) 3 shauld pluods Trailer caught fire CAUSE OF DEATH 20c T ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f (City or fown) (County) (State) Not While House trailer While FUNERAL DIRECTOR: Page 12/13 19 66 at wark at work Boonsboro Md. wash. designated 21. I certify that I taak charge of the remains described above, held on Autopsy far Inspect on XX inquiry and in my opinion the funeral director. death resulted from: Naturol causes Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** 580 Northern Ave. DEPUTY MEDICAL EXAMINER Е **EXAMINER'S** Address (Street, city, town, or county) Hagerstown, Md. Howard N. Weeks, M.D. Health NAME (Type) 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify) Burial Boonsboro, Md. 12- 15-66 Boonsboro Cemetery 250 REC D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR DEC Charles VR A15ME (5) 1966 John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17952 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DUTT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) defay 15 o COUNTY Washington o STATE death. Maryland Washington b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 write RURAL and give negrest fown Rural Boonsboro Rfd. 2 Like Rural Boonsboro Rfd. 2 d NAME OF HOSPITAL OR INSTITUTION (finot in hospito, give street oddress) d STREET ADDRESS S RESIDENCE ON A FARM? hours Park Hall Rd. Park Hall Rd. in Item 18. Give Pages YES NOX 24 hours after death 3 NAME OF First Middle 4 DATE within 72 **OECEASED** Kevin Lee Witek (Type or print) December 13, HTA30 5 SEX 6 COLOR OR RACE 9 AGE (In years lost birthdoy) 7 MARRIED NEVER MARRIED T B DATE OF BIRTH IF UNDER 1 YEAR Hours July 25, 1965 Male White WIDOWED DIVORCED evenî 10o USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or fore an country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? pages I Hagerstown, Md. None U. S. A. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME be executed within Lester S. Witek Lola May Mongan File IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address permit. remayal. (Yes no, or unknown) (If yes give wor or dotes of service) Mr. Lester S. Mitek, Boonsboro Rfd. 2, Md. None CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH П burns and anoxia IMMEDIATE CAUSE (o) This certificate should used as a burial-tra burial, cremation, writing the ward DHE TO Conditions, if any, which gave rise to immediate couse (a), **QUE TO** stoting the underlying couse PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO X agent, priar ta YES T Pe 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b OESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item IB) 3 shauld OTAL EXAMINER: Trailer caught fire CAUSE OF DEATH 20c TIME OF INJURY Month, Doy Year
3:05 pm 12/131 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form, (City or town) (Stote) While of work to House trailer FUNERAL DIRECTOR: Page 12/1319 66 Boonsboro Wash. 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection 🛣 Inquiry . and in my opinion the funeral director. Suicide death resulted from: Natural causes , Accident x. Hamicide Undetermined manner CHIEF MED CAL EXAMINER ACTUAL 22. OATE SIGNED ASS STANT MEDICAL EXAMINER **SIGNATURE** TO DEPUTY 580 Northern Ave. Health or i DEPUTY MEDICAL EXAMINER X **EXAMINER'S** Howard N. Weeks, M.D. Address (Street, city, town, or county) Hagerstown. Md. NAME (Type) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 0 REMOVAL (Specify) Boonsboro Cemeterv Boonsboro . Md . 250 PECO BY REGISTRIPS 6 256 PRESISTRAR S & GNATURE 24 FUNERAL DIRECTOR VR A15ME John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. 6M 1/66



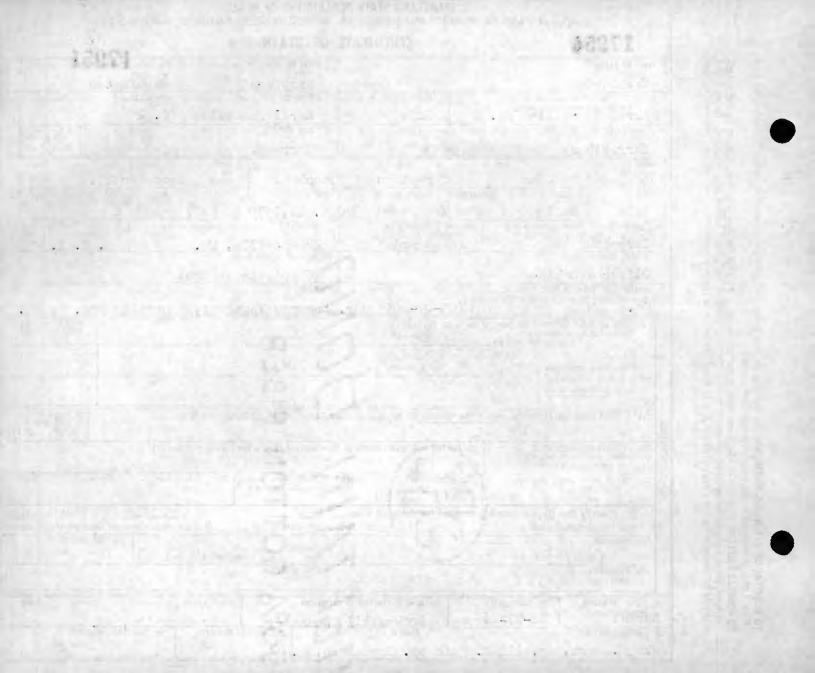
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	e funeral 1 and 2 er death.	1. PLACE OF OEATH a. COUNTY WASHINGTON MADVIAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY WASHINGTON		
	urs after n by the f Pages 1 ours after	b. CITY OR TOWN (if cutside corporate limits, write RURAL and give nearest town) HAGERSTOWN C. CITY OR TOWN (if cutside corporate limits, write RURAL end give nearest town) HAGERSTOWN		
•	filled in 72 h	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS O. IS RESIDENCE ON A FARM? VES NO 2		
	executed witlin 24 hours after leath, and completely filled in by the funeral remove carbon papers. Pages 1 and 2 n any event, within 72 hours after death.	3. NAME OF First Middle Last 4. DATE Month Day Year OF DECEASED (Typa or print) SARAH JANE WITTMER DEATH DECEMBER 29 19 66		
	and con	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years last birthday) Months Days Hours Min. FEMALE WHITE WIDOWED DIVORCED OCT. 18,1885 81 yrs.		
	e death certificate be executhe attending physician and topermit. Then please remoration, or removal, and in any	10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) HOMEMAKER 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) CAMBRIA CO., PENNA. 12. CITIZEN OF WHAT COUNTRY? COUNTRY? U.S.A.		
	death certificate be ne attending physician permit. Then please tion, or removal, and i	13. FATHER'S NAME WILLIAM M. DODSON SARAH GORE WARDEN AND AND AND AND AND AND AND AND AND AN		
	leath c	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HAGERSTON ASS. MARYLAND (Yes, no. or unknown) (If yes give war or dates of service) 219-54-2309-11 CARL S. WITTMER, JR, 1845 FOUNTAIN H. RD.		
	HYSICIAN: The law requires that the hospital or attending physician, this certificate has been signed by etached for use as the burial-transi Dept. of Health prior to burial, crem	18. CAUSE OF DEATH [Entor only one cause Der line for (a), (b), end (c). 1 PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate cause [a) DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CUT-NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CUT-NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) While Not While at work at		
•	TO HOSPITAL OR ATTENDING P Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State	21. I certify that (I) (this hospitel) attended the deceased from		
	VR AI5 (4) 20M T/65	CHARLES M. ROUZER HAGERSTOWN, MARYLAND		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17954 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence well a odmission) death by the funeral Pages 1 and 2 aurs after death: be executed within 24 hours after death. PLACE OF DEATH o. COUNTY b. COUNTY Washington Washington Marvland MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 16 write RURAL and give negrest town L. Rural Knoxville fd. 2 Life Hural Knoxville fd. 2 d STREET ADDRESS e. IS RESIDENCE ON A FARM? campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (H not in hospital, give street address) Yarrowsburg Yarrowsburg NOA NAME OF Middle remave carban Lost 4. DATE First Manth Year DECEASED December 23, John Christian Younkins 66 (Type or print) DEATH S. SEX B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdov) Hours Male White WIDOWED DIVORCED Oct. 21,1879 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if refired)
Carpenter Railroad COUNTRY? The law requires that the death certificate Brownsville, Md. U. S. A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME en Oliver Younkins Charlotte keatzel 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

{Yes, no, or unknown) | (If yes give wor or dotes of service) |

NO • 16. SOCIAL SECURITY NO. 17. INFORMANT Address 705-09-2035 Mr. Woodrow Younkins, Knoxville Rfd. 2. Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH wen wohis IMMEDIATE CAUSE (o) DUE TO signed Conditions, if ony, which gove rise to immediate couse (a), DUE TO attending | stating the underlying couse 16 this certificate has been priar ta 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? for use Health NO C 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) be retained by the haspital OR CONTRIBUTING CITCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While TO HOSPITAL OR ATTENDING Page 4 may be retained by the TO FUNERAL DIRECTOR: After at work 1959 to Duc 23, 19 55 that (1) (we) last 21. 1 certify that (1) (this haspital) attended the deceased fram. At----19 66, and that death accurred at 8 12 M, from couses and on the date stated above 12-23saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE ATTENDING 12-24-65 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S JUJEPH SECONDARI BORONSBIRO NAME (Type) director, should b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL CREMATION. (County) By BEMOYAL (Specify) 12-27-66 Brownsville Cemetery Brownsville, Md John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DATE 250 RECO BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 iybb Charlen



MARYLAND STATE DEPARTMENT OF HEALTH

